FROM BLUES TO RAINBOWS

The mental health and well-being of gender diverse and transgender young people in Australia

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beyondblue Depression. Anxiety.

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Glossary

We would like to acknowledge that language in the gender diverse and transgender communities is constantly changing. All terms mean something unique and specific to the person using them. There are also a large number of culturally distinct terms that are used which we have not listed but which should be respected and recognised. The following terms are not exhaustive of the many terms and definitions used by, and about, gender diverse, transgender, and intersex people. We have chosen the terms that are most pertinent to this report and are defined in such a way as to signal our use of them in the following pages.

Asexual

Asexuality is an absence of sexual attraction to anyone or anything, although this does not preclude romantic attraction. Approximately 1% of the population identifies as asexual (Bogaert, 2004).

Binary

A term that describes when two things oppose each other. For example man/woman or heterosexual/homosexual. The use of binaries often forecloses other ways of thinking about such categories.

Cisgender

A term used to describe when a person's gender identity matches social expectations given their sex assigned at birth.

Erasure

Describes an experience whereby transgender and gender diverse people's preferred gender is ignored or erased in interpersonal and/or institutional contexts. For example through constant misgendering or inappropriate health care.

Gender diversity

Gender diversity includes people who identify as agender (having no gender), as bigender (both a woman and a man) or as non-binary (neither woman nor man). Some non-binary people identify as genderqueer or as having shifting or fluid genders. Gender diversity also refers to individuals whose gender expressions differ from what is socially expected and so a gender diverse person may be assigned female and identify as a woman but present their gender in ways that subvert normative notions of femininity. (www.lgbtihealth.org.au)

Heteronormative

Relates to the systemic privileging of the social models of binary sex, binary gender and binary sexuality that normalise heterosexuality.

Homophobia

Refers to the discrimination, marginalisation, abuse, and harassment experienced by people in the LGBTIQ communities. Intersex people also experience homophobia.
(http://oii.org.au/21336/intersex-for-allies/)

Intersex

Intersex is a term that relates to a range of physical traits or variations that lie between ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male.

Many forms of intersex exist; it is a spectrum or umbrella

term, rather than a single category. Intersex differences may be apparent at birth. Some common intersex variations are diagnosed prenatally. Some intersex traits become apparent at puberty, or when trying to conceive, or through random chance. (http://oii.org.au/21336/intersex-for-allies/)

Misgendering

Misgendering is a term for describing or addressing someone using language that does not match how that person identifies their own gender or body. Using inclusive language means not misgendering people. (www.lgbtihealth.org.au)

Pansexual

Refers to sexual or romantic attraction that is not based on a person's gender identity or sex.

Polyamory

Is a term used to describe the practice of honest, open, ethical multiple relationships. For example multiple relationships where all parties are aware of and agree with the situation. (www.polyvic.org.au)

Queer

A sexual or gender identity that is non-conforming to heterosexual or gender binaries. Is also an historically located political term used to resist homophobia. Further, this term also refers to academic theory and method that resists normative ways of exploring and understanding social phenomena (i.e. queer theory).

Transgender

An umbrella term including transsexual and transgender, used to describe a broad range of non-conforming gender identities and/or expressions. Usually includes all transgender people, but some transsexual people and members of the gender diverse community prefer not to use this term.

Transsexual

A person who identifies as the sex 'opposite' to the one assigned at birth and who may choose to undergo sex affirmation/reassignment surgery.

Trans*

The * is used to denote the umbrella nature of this term however it is important to note that for some organisations this is redundant given that trans (and transgender) is already an umbrella term. (www.freedom.org.au)

Sistergirls and Brotherboys

Some Aboriginal and Torres Strait Islander peoples use the term Sistergirl (sometimes Yimpininni in the Tiwi Islands) to describe male-assigned people who live partly or fully as women and Brotherboy to describe female-assigned people who live partly or fully as men. In some regions, Sistergirls have unique societal roles. (www.lgbtihealth.org.au)

Transphobia

Refers to the discrimination, marginalisation, harassment, and abuse experienced by or perpetrated against, transgender and gender diverse people.

Contents

Acknowledgements 5

Glossary 6

Executive Summary 11

Chapter 1: Introduction 15

Culture and Media 15

Law and Policy 15

Theory and Terms 16

Research 17

Chapter 2: Research design 21

Community Advisory Group 21

Partnership with GLHV 21

Recruitment 22

Survey 22

Interviews 23

Analysis 24

Ethical considerations and approval 24

Limitations of this research 24

Chapter 3: Demographics 27

Background and location 28

Main occupation and schooling 29

Sex Assigned at Birth 30

Relationship Status 30

Chapter 4: Gender 33

Gender in Relation to Sex Assigned at Birth 34

Gender Identity and Age 35

Pronouns 36

Chapter 5: Transition 39

Definitions of Transition 39

Chapter 6: Sexuality 45

Asexuality 46

Romantic and/or sexual attraction 47

Chapter 7: School 49

Legal Rights at School 49

Teachers, Leadership and School Culture 53

Supportive Classmates 56

Inclusive Environments 56

Chapter 8: Abuse and Harassment 59

Verbal Abuse 59

Physical Abuse 60

Impacts of Abuse 62

Addressing Abuse 62

Chapter 9: Mental health 65

Stress 66

Anxiety and depression 66

Gender Dysphoria and Gender Identity Disorder 66

Substance use 67

Chapter 1O: Mental health professionals 71

Satisfaction and engagement with mental health professionals 71

Ideal Interactions 71

Educating the Professional 72

Avoiding mental health professionals 73

Negative Experiences 74

Chapter 11: Protective factors, activism, and knowledge 77

Feeling Better 77

Parents and Families 81

Activism 82

Information sources 84

Chapter 12: Conclusions and recommendations 88

State and federal governments 88

Mental health professionals and services 88

Support services 89

Community health organisations and local councils 89

Schools and education professionals 89

Further research 90

General 90

References 92

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Executive Summary

Introduction

This report, From Blues to Rainbows: The mental health and well-being of gender diverse and transgender young people in Australia, is the culmination of many months of engagement with gender diverse and transgender young people across Australia. Historically, transgender and gender diverse people face social and legal barriers that restrict their freedoms and dignity. United Nations international human rights principles and new Australian national legislation now provide protection for people on the basis of sexual orientation, gender identity and intersex status. Much past research on gender diverse and transgender young people has privileged psycho-medical frames or focussed on victimisation. Conversely, in this report we privilege self-definition and actively look for alternative, positive stories.

Research design

This study aimed to redress the absence of positive, resilience-focussed research for gender diverse, and transgender young people. It relied heavily on community consultation and inter-organisational collaboration to access participants in a sensitive and appropriate manner. The study combined an online survey and interviews.

Demographics

One hundred and eighty-nine young people participated in the online survey, and sixteen of the same young people attended real-time online interviews. They were aged between 14 and 25 years with an average age of 19. Overall, 55% were either studying, or studying and working, and 16.5% were unemployed.

Intersex young people

While this research attempted to explore the mental health risks and protections of intersex young people it failed to ask appropriate questions while inadvertently conflating issues pertinent to gender diverse and transgender young people with intersex status. Therefore, this research does not report on data related to the few intersex young people who completed the survey.

Gender

Over one in three young people identified with genders that do not conform to the binary notion of gender (man/woman). Half of the young people identified with genders under the 'transgender' umbrella and 11% were gender questioning. Almost a third of the participants "always knew" about their gender identity. Many of the young people understood their gender identities in personal and self-reflective ways.

Transition

The young people described the term 'transition' in diverse and individual ways. In the survey, we located social transition as related to social presentation (clothes, name, pronouns and documents) and social roles/treatment; 77% of participants had already, or were currently, socially transitioning and a further 7% aspired to do so. We defined medical transition as relating to medical changes through hormonal treatments and surgeries, for example. Those who identified under the 'transgender' umbrella were more likely to want to medically transition than those who identified as gender diverse.

Sexuality

Sixty-one per cent of the young people identified with sexuality identities that were not defined by gender identities. Participants were most likely to identify as queer (27%) followed by pansexual (23%). They were least likely to identify with the terms which relied on concepts of sex and gender: homosexual (2%), gay (5%) or heterosexual (5%).

School

Gender diverse and transgender students attended all types of Australian schools. They were more likely to attend alternative schools than the general population. Participants who did not feel supported by their teachers were over four times more likely to leave school if they experienced discrimination than those with teacher support. Inclusive schools were those where leadership and teachers tried to address students with their preferred pronouns, were flexible about uniform and toilet arrangements, took a stand against bullying, and aimed to be accommodating to the individual's needs. Improvements to sexuality and puberty education, which are inclusive of these students, are needed.

Abuse, harassment, and discrimination

Almost two thirds of the young people had experienced verbal abuse in response to their gender presentation or non-conformity, and one fifth had experienced physical abuse. This abuse occurred in all types of places, but especially at school and in public sites such as the street and on public transport. Over 90% of young people who experienced physical abuse had thought about suicide in response to their experience.

Mental health

Almost half of the young people had been diagnosed with depression by a health professional; 38% had had thoughts about suicide; and one in four had spoken to a health professional about this. Participants who had experienced verbal or physical abuse were more likely to have an eating disorder, suffer from post-traumatic stress disorder (PTSD), and have depression. They were also more likely to think about suicide.

Mental health professionals

Overall, 66% of the young people had seen a health professional for their mental health in the last twelve months; of these, over 60% were satisfied with their experiences. The young people valued health professionals who were knowledgeable in gender diversity and transgender health care, although the need to educate their professionals about their own conditions was common. Over half of the participants had experienced at least one negative experience with a health care professional, and one quarter of the participants avoided medical services due to their gender presentation.

Protective factors, activism, and knowledge

One in three participants did not feel supported by their family. Those with supportive parents fared better on a range of indicators, including their mental health and access to mental health professionals. Regardless of parental support, the study found that the young people engaged in a range of other activities to help themselves feel better, which was very encouraging. This included listening to music (90%) and talking to friends and peers (77%). Support services and organisations were valuable for the young people who accessed a wide range. Further, 62% became involved in activism to feel better.

Conclusions and recommendations

The findings from this research strongly suggest that both broad-level and targeted changes need to be implemented in order to support young gender diverse and transgender people to increase their mental and general wellbeing. Broad-level changes recommended include Federal and State governments unifying their policies and legislation affecting gender diverse and transgender young people (i.e. Birth Certificate legislation) to foster consistency of rights across Australia. The planning for these recommendations should, where appropriate, include renumerated consultation with gender diverse and transgender community members. Key recommendations from this research are outlined below, while more detailed recommendations are available at the end of this report:

Support services

- Be well funded in order to provide easily accessible education and peer-led support on multiple platforms, including face-to-face and online.
- Provide education and peer-led support for parents of gender diverse and transgender young people.

Community health organisations and local councils

- Include gender diversity into new and existing violence against women and other initiatives (i.e. gender equity) that aim to redress rigid gender stereotypes, and contribute to community resilience and engagement by playing a part in information sharing about local support services and appropriate referrals.

Schools and education professionals

- Train teachers and school leadership, through adequately funded programs, in appropriate and supportive behaviour and language towards gender diverse and transgender young people. Schools to sensitively respond to students' need for toilets that are appropriate, private, and safe.
- Develop and promote uniform policies that recognise the needs of transgender and gender diverse young people to appropriately express their gender identity(ies).
- Support gender diverse and transgender young people by providing access to wellbeing personnel while also recognising that in some cases school chaplains may not be readily trusted by gender diverse and transgender young people.

Mental health professionals and services

- Train pre-service and in-service mental health professionals in gender diversity and transgender health care, including appropriate use of language and behaviour.
- Make appropriate referrals to specialist services for gender diverse and transgender mental health care when issues beyond their expertise arise.

Further research

- Intersex status is a matter of biology rather than gender identity. While often conflated with notions of sexual and gender identities, people who are intersex face a distinct set of social and medical inequalities. Research that is focused on gender identity alone cannot adequately

address the unique human rights issues (for example, childhood genital surgery), discrimination, marginalisation, homophobia, and transphobia that intersex people face. As such, intersex-specific research is needed to examine the mental health risks and protective factors that are relevant for them.

Chapter 1: Introduction

This report is the culmination of many months of engagement across Australia with young people aged between 14 and 25 who have shared their thoughts, understandings, experiences, hopes and dreams with us through an online survey and online interviews. Their narratives are insightful, touching, and hopeful. Young voices have told us how they care for themselves as well as shining a light on how health services, schools, government and policy makers can better serve their needs. This research was designed to expand on findings from previous Australian research with young people (Hillier et al., 2010) that found that gender-questioning and transgender young people not only experienced higher rates of self-harm and suicidal thoughts, but were also more likely to be involved in activism than their cisgender and same-sex attracted peers. This later finding is a potentially positive one and points to the need for research to not only explore the mental health needs of these young people but also the ways in which they advocate and care for themselves in the face of discrimination and abuse.

Culture and Media

Gender diverse and transgender young people have historically lacked a visible presence in Australian culture and media. Part of the problem has been the lack of acceptance of diversity in Australia's modern social history. Where they have been visible in mainstream, popular, fictional, and current affairs media, gender diverse and transgender people have mostly been portrayed in ways that perpetuate stereotypes, reinforce the binary narrative, and silence gender identities that sit outside the concept of the gender binary. There have also been attacks on the very concept of 'transgender' from an extremely radical feminist angle by one or two powerfully vocal individuals (from a position not widely held by contemporary feminists), who see gender affirmation processes as 'abuse' (Karvelas, 2013).

The last few years have been a significant turning point for transgender and gender diverse visibility in Australia on television and in the media (reflected in documentaries on ABC2 through to the inclusion of the stories of contestants on mainstream shows such as The X Factor). News and current affairs programs and newspapers have featured stories on the struggles and triumphs of transgender children at school and in court as they pursue gender affirmation processes (Fewster, 2013; Kissane, 2009; McCredie, 2008). An article published around the time of writing is an example of some of the positive coverage about transgender and gender diverse people that is beginning to be seen in the media. Drawing on the story of Victorian high school student, Mia, this article on the front page of The Age newspaper depicted a smiling young transwoman wearing a school dress to school for the first time (Nicholson, 2014). The affirmation of her gender identity in such a visible and positive manner is indicative of the changes that are starting to be seen in mainstream media.

There has also been an increase in the number of non-government and advocacy-based community organisations which have contributed to visibility for all these groups as well as providing advocacy online (through websites, blogs and statements), in parliamentary hearings, and in the press. The rapid growth of social media has also given more space for expressions of positive non-binary identities, characters and discussions.

Law and Policy

In June 2011, the United Nations Human Rights Council adopted resolution 17/19—the first United Nations

resolution on human rights, sexual orientation, gender identity, and intersex issues. The United Nations put pressure on Australia and other countries to support greater recognition of discrimination on the basis of sexual orientation, gender identity and gender expression in direct legislative provisions (UN Human Rights Council, 2011; United Nations, 2012; United Nations High Commissioner for Human Rights, 2011). During this period, there were also heated debates over whether transgender identity issues really should be seen as a psychological disease or disorder, as they have been treated historically within earlier versions of the Diagnostical Statistics Manual (DSM) used to diagnose and treat psychological conditions. Drescher (2002) recounted how in the DSM-5 the diagnoses commonly used for transgender patients seeking gender affirmation processes was changed from Gender Identity Disorder to Gender Dysphoria, and, to reduce stigma, it was no longer bundled with the Paraphilias and Sexual Dysfunction section.

These international rights events have reinforced progress towards recognition of transgender and gender diverse rights in Australia, providing support to the sustained long-term efforts of local advocacy groups and their allies. Governments around Australia are now seeking to address disparities in state and territory laws concerning transgender and intersex rights, a process bolstered by the Australian Government's newly released Guidelines on the Recognition of Sex and Gender (Australian Government, 2013), while changes to align Medicare policies have also been announced (Plibersek & McLucas, 2013). Further to this, in June 2013 the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth) (SDA Amendment Act) inserted new grounds into the Sex Discrimination Act 1984 (Cth) (SDA), particularly protections against discrimination for all Australians on the basis of gender identity, sexual orientation and/or intersex status. The Act provides protection from discrimination for people who identify as men, women, and neither male nor female. This includes the protection of transgender, gender diverse, and intersex students in schools (although there are exemptions on the protections for transgender students in religious schools) regardless of the sex the person was assigned at birth, or whether the person has undergone any medical intervention. Further to this, in March, 2014 the Australian Capital Territory Government passed an amendment to the Birth Certificates Law allowing individuals to change the sex listed on their birth certificate, as well as adding a third category 'x'.

Theory and Terms

Historically there has been a variety of theoretical frames for 'transgender' young people in research. These frames have included those of biological science, chemistry, sociology, feminism(s), medical science (the limits and possibilities of medical treatment), queer theory, and psychology. Given the contrasting theories around brain chemistries and cultural context, and given that young people may themselves see their identities in queer, psychiatric, medical, biological or other terms (in their self-definition), we decided to keep this project person-centred, allowing the work to privilege young people's lived experiences. We took a post-modern relativist view of 'transgender' and 'gender diverse' as discursively contested/constructed umbrella terms, associated with a range of debated identities. We accepted that the terms 'transgender' and 'gender diverse' have multiple meanings to multiple people who experience or research it according to their particular framework/s of reference, and therefore privilege the knowledge about young people aligned with it (Jones, 2013). We used this broad frame so as not to limit the data, or exclude people with experiences at variance with a more 'stable' version of these terms. We reject essentialist views of gender that deny transgender or gender diverse identities at all, or cast them as 'sinful' or 'aberrant', and extremist radical feminist notions of transgender people as 'victims of patriarchy'—we instead accept that it is possible for transgender and gender diverse people to have empowered and positive experiences of their identities.

We particularly privilege those definitions of transgender and gender diverse favoured by the groups of people

who apply these terms for themselves and advocate for them publicly. The umbrella term 'transgender' is now used to describe people whose sex assigned at birth does not match how they would like to express their gender identity (Donatone & Rachlin, 2013). Transgender people may or may not seek surgical affirmation and this is wholly dependent on individual need. Trans is often used instead of the word transgender, and encapsulates a number of different identities such as bigender, genderqueer, transsexual or gender questioning. Trans is a term of self-identification chosen by someone who wishes to express one of many of the transgender identities and/or does not feel they belong within the man/woman binary. Importantly, although transgender and gender diverse identities are in a state of flux, the greatest opportunity for us to understand these more precisely comes from those who identify with these terms.

Research

Recent changes to the availability of body technologies and medical and hormonal interventions are affecting (and expanding) the gender diverse demographic, including young people (Jones & Hillier, 2013). Additionally, socio-cultural trends mean young people increasingly identify as 'other' to man/woman models of 'sexed' identity, positioning themselves as 'queer', 'genderqueer', and/or 'gender questioning' (Cloud, 2005; Lynne Hillier et al., 2010; Jones & Hillier, 2013; Robinson, Bansel, Denson, Ovenden, & Davies, 2014).

Most international research on gender diverse and transgender young people is primarily focused on medical and psychological interventions, risk determinants, negative pathways, suffering, and social victimisation (Carrera, DePalma, & Lameiras, 2012; Donatone & Rachlin, 2013; Menvielle, 2012). This focus, and the recruitment methods resulting from it (i.e. through health service providers), can also reinforce negative stereotypes of transgender people as living risky lives. It also mainly focusses on adults (Couch et al., 2007; Jones, del Pozo de Bolger, Dunne, Lykins, & Hawkes, 2014; Jones, Gray, & Harris, 2014; Pitts, Couch, Mulcare, Croy, & Mitchell, 2009); however, there are some issues seen as particularly related to younger groups. A recent UK study, Trans Mental Health Study 2012, explored the process of transitioning (social or medical) and how this impacts upon mental health (J. McNeil, L. Bailey, S. Ellis, J. Morton, & M. Regan, 2012). Using samples of people over the age of 18 years across England, Scotland, Wales and Ireland (with a final data set of 889 participants), their findings demonstrated that 63% of the population in mental health services and 65% in general health services had had negative experiences associated with their gender identity. Further, 90% of participants had been told that transgender people were not normal, while 84% had thought of suicide, with at least 35% attempting it. Yet, once someone had medically transitioned, there were significant increases in social and mental satisfaction and increased acceptability in the community - findings echoed in Australian research (Jones, del Pozo de Bolger, et al., 2014).

It has been well documented that lesbian, gay, and bisexual young people can experience higher rates of bullying and exclusion than their heterosexual counterparts; however, gender diverse and transgender young people experience even higher rates of bullying and exclusion (Jones & Hillier, 2013). The degree to which intersex young people experience bullying and harassment due to their intersex status is not well documented and requires specific exploration. A USA 2010 study, School Climate for Transgender Youth: A Mixed Method Investigation of Student Experiences and School Responses, examined transgender young people's experience of school harassment, school strategies designed to stop harassment, the protective role of supportive school personnel, and responses to harassment, including changing schools and dropping out (J. McGuire, C. Anderson, R. Toomey, & S. T. Russell, 2010). The researchers found that transgender young people were being saddled with strategies designed for lesbian, gay, and bisexual young people which had little or nothing to do with gender diverse and transgender identities and needs. It was found that, when school staff and teachers took measures to decrease or stop harassment and discrimination, transgender students were more likely

to feel safe and supported. Such measures also increased levels of trust between the school and students. Unfortunately, this was a rare occurrence and over 80% of transgender participants in the survey reported they were frequently the targets of negative comments and harassment. Clearly, there is a need for school-based interventions that target the sources of harassment and discrimination by educating both staff and students that bullying of transgender students is unacceptable.

Few studies consider transgender identities beyond the binary of man/woman (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Jones, del Pozo de Bolger, et al., 2014; Jones & Hillier, 2013). The dominant findings have related to increased sexual risk for HIV infection and lack of relevant sexuality education (Clements-Nolle, Marx, Guzman, & Katz, 2001; A. H. Grossman & D'Augelli, 2006; Jones, del Pozo de Bolger, et al., 2014; Jones & Hillier, 2013; Rosario, 2009); the high risk of familial rejection and (verbal and physical) abuse (A. H. Grossman, D'Augelli, & Salter, 2006; Jones & Hillier, 2013; Varjas et al., 2008); and increased risk of discrimination and suicide for this population (Clements-Nolle, Marx, & Katz, 2006; A. H. Grossman & D'Augelli, 2007; Jones, del Pozo de Bolger, et al., 2014; Jones & Hillier, 2013; Stieglitz, 2010). While it is important to acknowledge the suffering of young people, this literature mostly overlooks positive pathways and protective factors that may also be present in the lives of these young people.

A 2010 national study of over 3,000 same-sex attracted and gender questioning young people, Writing Themselves In 3, included the largest group in this demographic thus far: 91 Australian young people with diverse gender identities (aged 14–21) (Lynne Hillier et al., 2010; Jones & Hillier, 2013). Compared to same-sex attracted young people, they were significantly more likely to have known their sexual identity earlier; disclosed this identity to people in their social or service networks; been rejected by family; and to have suffered physical, discriminatory abuse. They were also significantly more inclined to self-harm and to attempt suicide. Importantly, these same individuals were twice as likely to seek help and engage in activism than their cisgender, same-sex attracted peers, and often displayed a sense of pride in their gender identity in the face of discrimination and adversity.

Australian research published in 2014, Growing Up Queer, found that the Internet provided same-sex attracted and gender diverse young people with sophisticated understandings about gender, sex, and sexuality, and that this was particularly the case for young people with transgender identities (Robinson, Bansel, Denson, Ovenden, & Davies, 2014). Consistent with findings from Writing Themselves In 3, 25% of the young people in this study who had experienced transphobia at school said that these experiences led them to activism (Robinson et al., 2014).

Chapter 2: Research design

- This research combined an online survey and online interviews.
- Community consultation was provided by a Community Advisory Group.
- Mental health needs and protective factors were explored.

beyondblue funded this project to explore both the mental health needs and protective factors of gender diverse and transgender young people in Australia. It aimed to fill a research gap on protective factors around depression, anxiety, self-harm and suicide. To do so, the project aimed to:

- Gather evidence regarding risk and protective factors for depression, anxiety, self-harm and suicide in young people with diverse gender identities;
- Increase understanding of the meaning of a diverse range of identity elements (including transgender, genderqueer, and gender questioning) from the perspective of the young people to whom they apply;
- Explore help-seeking patterns for these young people both online and offline, and explore their experiences of health services, education, social networks and social/ activist groups; and
- Understand what protective factors and behaviours decrease the risk of depression, anxiety, self-harm and suicide, and how such factors can be fostered.

Community Advisory Group

The research team worked together with transgender, gender diverse, and intersex people (including young people) who work and advocate with these communities to design the wording and content of the survey and interview questions. The Community Advisory Group played a pivotal role in making sure that this research was applicable, sensitive, respectful, and useful. Roz Ward, Youth Program Manager at GLHV, chaired the group.

Community Advisory Group Members

Zoe Birkinshaw	Zoe Belle Gender Centre
Sally Goldner	Transgender Victoria
Sim Kennedy	Ygender
Canon O'Saurus	Ygender
Gina Wilson	OII Australia
Dani Wright Toussaint	Freedom Centre

Partnership with GLHV

As part of the grant conditions, this project worked in partnership with GLHV. GLHV promotes the health and wellbeing of gay, lesbian, bisexual, transgender and intersex people in Victoria. GLHV includes the Rainbow Network and Safe Schools Coalition Victoria, both of which were well placed to enhance this project. Safe Schools Coalition Victoria works to combat homophobia and transphobia in schools as well as supporting students who transition or affirm their gender at school. GLHV convened the Community Advisory Group, assisted with survey recruitment through their networks, and aided the design and implementation of this report. They will continue to promote the research through the incorporation of the key findings and

implications of those findings into their training packages for teachers, health professionals, policy makers and others.

Recruitment

A broad recruitment strategy was used for the online survey. Members of the Community Advisory Group used their professional networks to promote the survey and its importance. A media release was distributed to various lesbian, gay, bisexual, transgender and intersex organisations, mainstream community and youth services, and media outlets. A number of online articles were published, including in the queer magazines, LOTL and The Star Observer.

Business cards and postcard-sized recruitment flyers were produced that included a QR code that could be scanned with a smart phone in order to complete the survey on that platform. These cards were sent to gender centres, support groups and queer organisations around Australia. The survey and recruitment material included a logo of a kite consisting of a colour spectrum of dots. The kite was designed for this project to symbolise the growth (or lifting) and positivity in young people's lives that needs to be fostered for them to reach their potential.

The survey was also promoted on the national radio station Triple J, while the community radio station 3CR in Melbourne interviewed a member of the Community Advisory Group. Young people were instrumental in sharing the survey through their online social networks. Further, various organisations shared a link to the survey on Facebook and Tumblr multiple times.

Survey

212 people completed the survey across Australia, which was available through an online survey portal 'Demographix'. Once the raw data had been cleaned, and cases that did not fit the criteria for inclusion (such as age) were removed from the dataset, 189 valid participants remained. The young people spent between 20 minutes and over an hour answering the questions and responding to the open-ended questions. The survey was available online as well as on smart phones and tablets.

The survey asked questions about the following areas and experiences:

- Demographic information.
- Gender identity(ies).
- Social and medical transitioning.

- Marker and name changes on official documents.
- Experiences in current or most recent school.
- Sexual identity(ies).
- Experiences of abuse and harassment.
- Mental health conditions, experiences, and diagnosis.
- Experiences with health professionals.
- Family, community, peer, and grassroots supports.
- The role of activism in their lives.
- How knowledge about gender diversity and gender identity(ies) was gained.
- What an ideal world would look like for these young people.

The survey asked both closed (multiple-choice) and open-ended (text-based) questions. The open-ended questions did not contain any word limit, allowing participants to provide qualitative answers of a length and depth with which they felt comfortable. Questions about mental health conditions did not include any diagnostic scales. We did not want to repeat the history of pathologising of transgender and gender diverse individuals. Instead, we wanted the young people to feel that they were in control of their decisions about disclosing their mental health experiences and conditions.

The quantitative data allowed some normative statistics to emerge about this group of young people, while the qualitative aspect has allowed us to find out more, particularly in relation to the protective mechanisms that these young people use to feel better and reduce levels of suicide ideation (thoughts about suicide) and self-harm. Building on previous research (Lynne Hillier et al., 2010; Jones & Hillier, 2013), we were also able to explore the role of activism in these young people's lives.

Interviews

This research used an online instant messenger platform that allowed for real-time interviews with 16 young people. This interview technique has many benefits for working with young people and people from marginalised communities. It is an interview technique that allows participants to be visibly anonymous to the interviewer. In this way, it has the potential to provide comfort to participants who may feel shy or nervous about meeting with an interviewer. Further, and importantly for this research, online text-based interviewing allowed the young people to participate without their bodies being seen by the interviewer, thus reducing any potential discomfort the young people may feel about how their gender identity is being read in this context.

This technique also allowed for the participation of young people from anywhere in Australia where there was Internet access. The 16 young people who participated in interviews were from Victoria, New South Wales, Queensland, Western Australia, Australian Capital Territory, and Tasmania. Online interviews allowed the interviewers to work around the young people's schedules and, with the interview participants being aged between 14 and 25 years old, this sometimes meant conducting interviews in the evenings. For at least one interview participant, this flexibility meant that they could participate in the interview in the evening when they would not be interrupted by their parents to whom they were not out about their gender identity.

The interview was designed to explore the protective factors and included questions such as 'what do you do to make yourself feel better about being discriminated against or harassed?' The interview also sought to draw out the young people's experience of, and feelings about, engagement in activism as well as how they accessed knowledge about sex, gender, and gender identity(ies).

Analysis

Both the survey and interview data were analysed with assistance from computer programs and in accordance with the research aims in the Introduction to this report. The statistical data were downloaded to the Statistical Package for the Social Sciences (SPSS, version 21) where participants' answers were compared and percentages and cross tabulations were generated.

At a statistical level, contingency tables (frequencies) and cross tabulations were undertaken. Phi, Cramer's V, and z-tests were performed to determine statistically significant results. All results in this report have a probability of random error lower than .05, with many below .01 ($P<.05$). The P-values have not been included in this report to facilitate readability, but can be provided on request.

The open-ended responses and interview data were analysed in the computer-assisted qualitative data analysis software (CAQDAS), NVivo, version 10. These narratives were coded according to the interview schedule as well as in reference to themes that emerged within these. Other themes were also identified.

Ethical considerations and approval

There were many ethical considerations in carrying out this research. Previous research shows that gender diverse and transgender young people become aware early in their lives that their gender identity(ies) do not match their sex assigned at birth (Lynne Hillier et al., 2010). Further, transgender and gender diverse young people are disproportionately more likely to self-harm and experience suicidal thoughts than their cisgender same-sex attracted peers (L. Hillier et al., 2010a). Due to these two findings, it was imperative that people under the age of 18 were able to participate in this research. In order to protect the young people from being outed to their family, the young people did not need to gain parental or guardian consent to participate in this research. Online interviews with young people aged younger than 18 years were conducted by an interviewer with a Victorian Working with Children Check.

Every effort was made to keep young people's participation in this research anonymous. Where names appear in this report, they are either pseudonyms (fake names) chosen by the interview participants themselves, or a name given to the survey participants by the researchers to present their open-ended data. Each open-ended response includes the gender identity chosen by the participant along with their age. For the interview participants, the gender identity that most closely relates to how they described their identity is given. This research gained approval from ethics committees at La Trobe University and the University of New England.

Limitations of this research

Despite all good intentions to include, and be relevant to, intersex young people in Australia, this research, and the findings in this report, are severely lacking in this regard. Ten young people (around 5% of the sample) who filled out the survey nominated that they were intersex; however, upon exploring these young people's open-ended responses to some of the other questions, it appeared that some (but not all) of the young people who chose this option had done so mistakenly. Future research that intends to include intersex people may wish to provide a definition of intersex as a preface to this question.

Further to the lack of intersex participants, this survey did not include many questions that are relevant to intersex young people; for example, intersex infants in Australia (and around the world) often undergo cosmetic genital surgery to align their bodies with socially conventional notions of gendered bodies. The impact that this can have on young people's mental and general health, and wellbeing, desperately needs to be explored. Given

this, and the general lack of social research in this area, we strongly recommend that intersex-specific research should be carried out to explore the unique human rights issues, discrimination, marginalisation, homophobia and transphobia that intersex people face, and the specific mental health risks and protective factors that are relevant for them. When further research is carried out with intersex young people, researchers should be mindful that questions relevant to transgender and gender diverse people are not necessarily relevant to intersex people. The failure to do so in the survey for this current research is a limitation that may have contributed to the small response rate from intersex young people.

The survey population was heavily skewed towards young people who were assigned female at birth and this should be taken into account when interpreting the results. Further research may specifically target different groups under the transgender and gender diverse umbrellas (e.g. Male Assigned at Birth) in order to explore the different challenges and protective factors pertaining to them.

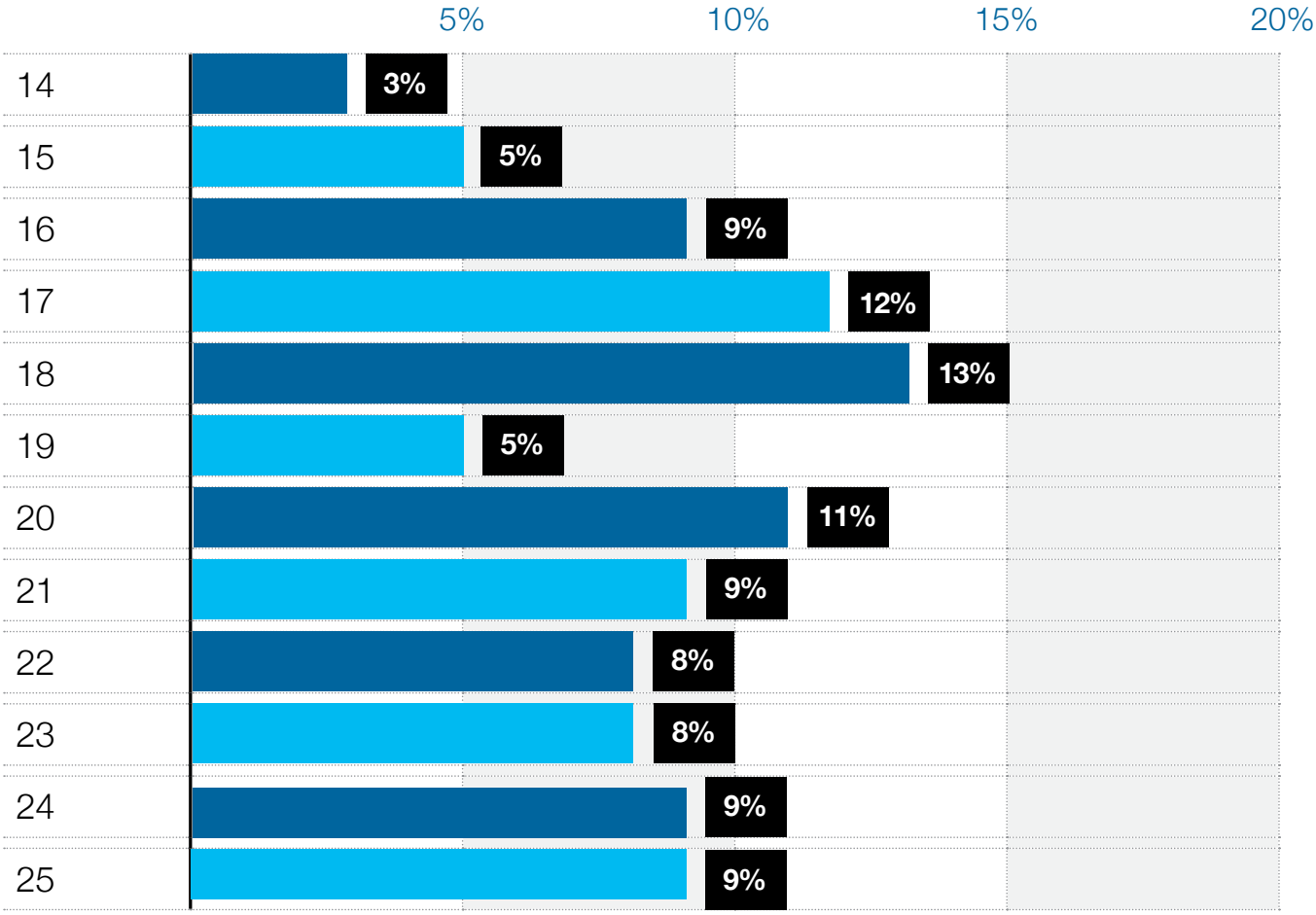
The recruitment drive was mainly carried out by support services (both online and offline) and this may represent a bias in the data towards young people who are already connected to peers and support groups. This convenience sample is therefore mostly representative of young people who are already connected to gender diverse communities or peers. Other young people who, due to the lack of visibility in mainstream media, may not have the language to describe their experience of their gender identity and/or who do not have access to support groups, may have missed out on participating in this study.

Chapter 3: Demographics

- 189 young people aged 14- 25 participated in the online survey.
- 16 young people participated in online interviews.
- 55% were either studying or studying and working; 16.5% were unemployed.

AGE OF PARTICIPANTS

(n=189)

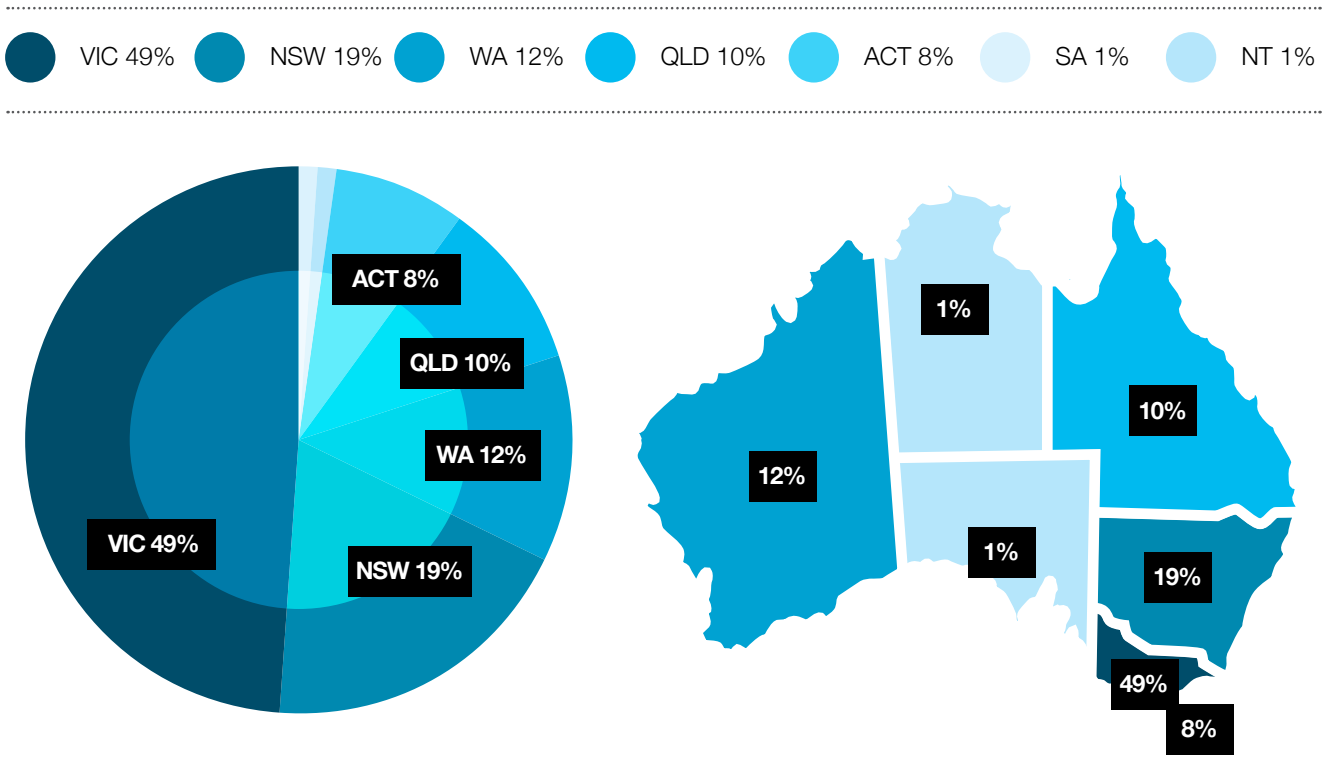


Young people from all over Australia participated in the online survey and interviews, including people from rural and urban contexts. They ranged in age from 14 to 25 years, with a spread of ages represented. The average age was 19 years and the middle 50% were aged between 16 and 22 years (one standard deviation between these two ages).

LOCATION OF RESIDENCE

BY STATE OR TERRITORY

(n=108)



NB: An error with the server meant that this question was not visible for the first few days of the survey. (n=108)

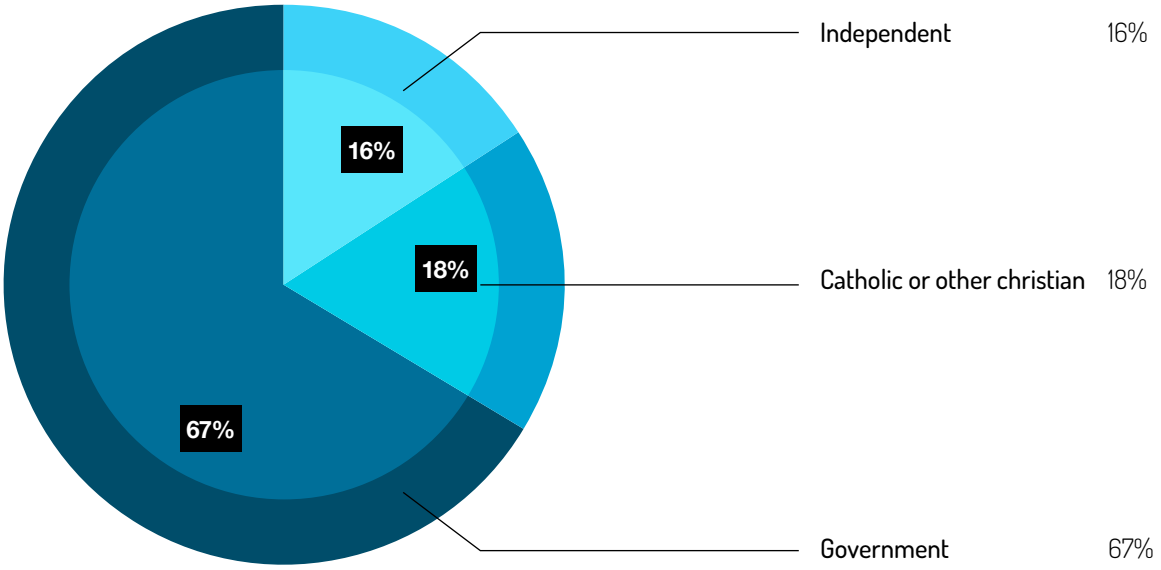
Background and location

Eighty-four per cent of young people were born in Australia, 5% in England, and 3% New Zealand. Other birthplaces included Bolivia, Canada, Germany, Iraq, Japan, Malaysia, Papua New Guinea, United States and Vietnam. Four per cent (n=8) of young people were Aboriginal, Torres Strait Islander, or both. This is higher than the Australian census data from 2011, which found that 2.5% of people living in Australia were Aboriginal and Torres Strait Islander.

MOST RECENT SCHOOLING

BY SCHOOL TYPE

(n=188)



Main occupation and schooling

Thirty-five per cent of the young people were full-time students. This was followed by unemployed young people (16.5%), which was higher than the national rate of 12.5% for 15 to 24 year olds (Brotherhood of St Laurence, 2014). There were also students who were employed part time (15%), people who were employed full-time (8.5%) or part-time (7%), and young people who did not work due to a disability (2%) or due to caring responsibilities (1%). Taken together, 50% of all of the participants were currently studying and this was higher for participants aged 14-17 years (72%, n=39), followed by young people aged 18-21 years (49%, n=27), and 22-25 year olds (35.5%, n=28). These rates are similar to 2012 national levels where 73% of Australian teenagers were engaged in full-time study, as well as 50% of school leavers (i.e. in higher education), and 31% of young adults (Foundation for Young Australians, 2012); however, it is not known whether the young people in this current research were studying full-time or part-time, as this was not asked.

The majority of young people were, or had most recently, attended a government school or institution for their secondary education (amounting to 67%, which is slightly higher than the National average of 66% in 2010) followed by Catholic or other Christian school (18% compared to 20% of the national average in 2010), and other independent school (16% compared to the national average of 14%) (Australian Bureau of Statistics, 2010).

Sex Assigned at Birth

The majority of young people indicated that they were assigned female at birth (72.5%). Fifty young people (26.5%) were assigned male at birth and two young people chose 'other'. When asked to specify, these young people wrote 'genderqueer' and 'genderless'.

Relationship Status

Participants were most likely to be in a monogamous relationship (29%), followed by single and looking for a relationship (28.6%), single and not looking for a relationship (24%), in a non-monogamous (open) relationship (7%), in a polyamorous (consensual relationships with multiple people or more than one person) (4%), and other (7%).

Willow

17 years old gender questioning

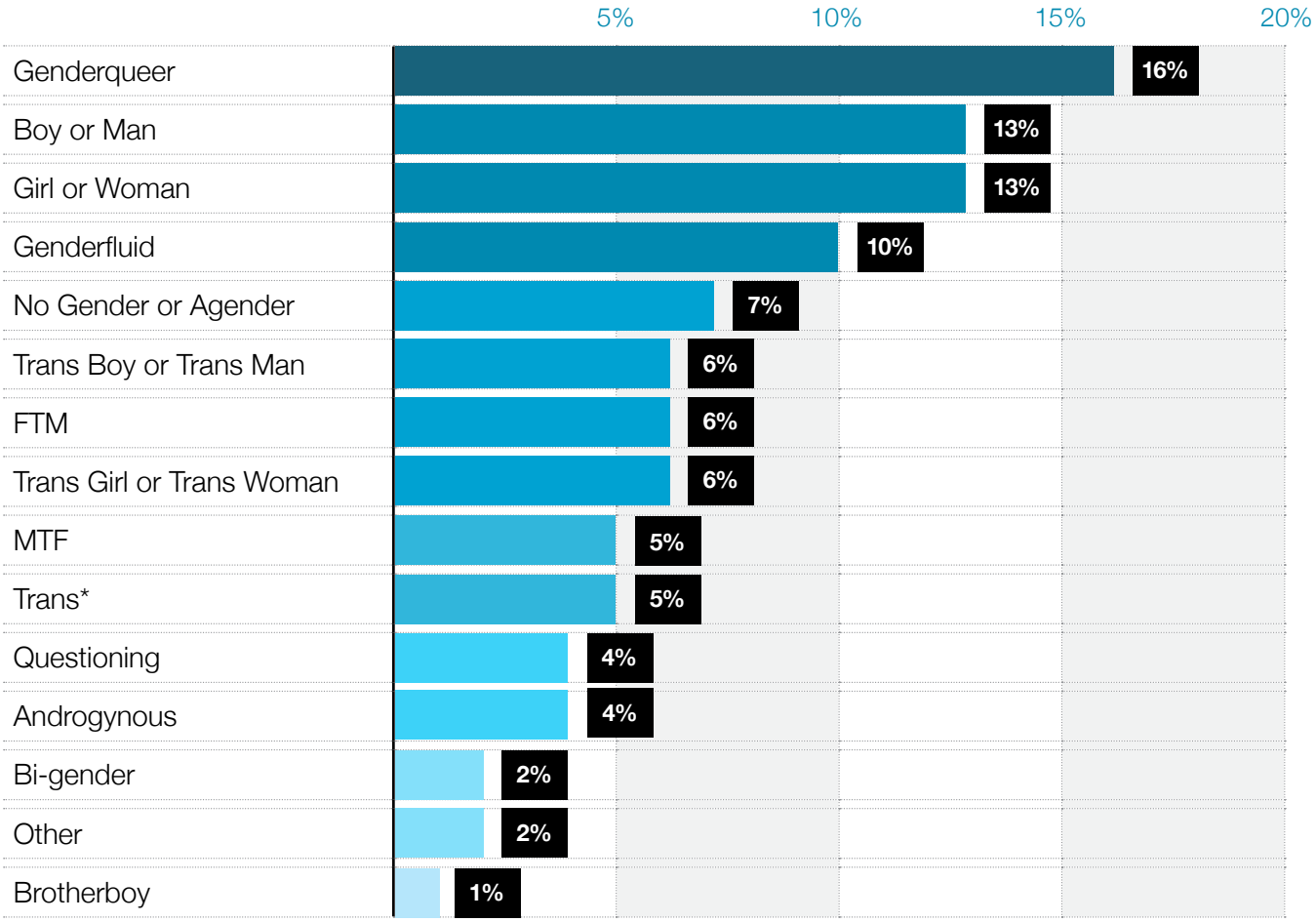
I hope that I'll find someone who'll stop making me care about who I identify as and come to an acceptance of the limitations of my body and the freedom of my mind. I want to do something big in the world and I promise you that I'll make it happen. I want a change in the way we view sexuality and gender not only in the western world but in countries [in] which discrimination is still a pervasive part of everyday life. I want to write, act and essentially be an outspoken humanitarian and advocate of human rights, sexuality and gender identity, to both challenge and unify people all over the world and make a better and more accepting world for my children and anyone who has gone through the pain and anguish of institutionalised discrimination.

↗ 26% identified as Girl or Woman, Boy or Man.
↗ 26% identified as either Genderqueer or Genderfluid.

Chapter 4: Gender

CURRENT GENDER IDENTITY

OF PARTICIPANTS (n=192)



Despite the growing diversity of gender identities, research does not often explore the way in which people relate to and/or use these terms (Kuper, Nussbaum, & Mustanski, 2012). One reason for the lack of research in this area may be the speed at which young people in particular develop new terminology and meaning for their own gender identity(ies). This research has shown, once again, that many young people are resisting the idea of fixed gender-identity categories. While a significant proportion of participants identified with the 'opposite' gender from the sex they were assigned at birth, there were also high numbers of young people who identified with terms that resisted or rejected the binary notion of gender. It is also worth noting that although 15 categories were given as options, 2% of participants still chose 'other'.

Allowing young people to describe their own gender identities and expression has been found to increase young people's resilience (Singh, Meng, & Hansen, 2014). It is clear that young people understand their own gender in highly personal ways which are not necessarily attached to a fixed category. Many of the young people took the time to describe the complexities of their gender identity as part of their sense of self; for example, Alex (15yrs), who participated in an interview, told us:

I identify as agender, which to me means that I don't feel a presence of gender, although I think

I may be bigender/genderfluid with agender and neutral gender, as in sometimes I feel a neutral gender presence and sometimes I don't feel like I have a gender at all.

Gender in Relation to Sex Assigned at Birth

The majority of young people who chose either 'man' or 'woman' gender identity categories were assigned an 'opposite' 'female' or 'male' sex at birth. A few individuals (n=20) chose a gender identity that 'matched' their sex assigned at birth. It was interesting to find that these young people also indicated that they had, or wanted to, socially transition. One young person who identified as a woman and who was assigned female at birth told us that, for her, 'transitioning entails changing my appearance and mannerisms based on my whims of the day'. Sean, a 22 year old who participated in an interview, also described this ambiguity:

I identify as a feminine young male. For me this means I fit into identities and subcultures associated with the queer community, but I personally don't embrace or identify with trans identities. Identity, to me, is my self-concept. I think it can be fluid, but haven't found it particularly so in my case.*

In order to compare the experiences of those who may fit under the gender diverse umbrella with those who may fit more closely with transgender, the 15 gender categories were collected into four categories (transgender, gender diverse, questioning, and other). The 'transgender' group contained individuals who identified with man, woman, FTM, MTF, trans man, trans woman, and Brotherboy (there were no Sistergirls who completed the survey). Categories that were included in the 'gender diverse' group were androgynous, genderqueer, bi-gender, no gender/agender, and genderfluid. Once this variable had been transformed, 50% (n=83) could be classed as transgender, 34% (n=57) gender diverse, 11% (n=18) questioning, and 5% (n=8) other.

From the sixteen young people who took part in interviews, nine described gender-diverse identities. Their narratives highlight how complicated each individual's relationship is with their gender identity, and the many factors that influence how young people explore this at different times and in different contexts. One interview participant, Charlie (20yrs), explained this in the following way:

My gender identity, I would describe as genderqueer. That is to say that, I never saw myself as a girl (by birth sex) but couldn't see myself as a boy. I use the word genderqueer because transgender doesn't fit and I don't stick to one side or the other in regards to gender. But, before not knowing that it was a thing, I tried to identify as a girl. I think my gender identity is important to me because it dictates a lot of my life. I tend to perform like a female, but the struggle to maintain this for social reasons is challenging. So, gender identity and being able to define myself to myself gives me a sense of comfort.

Another interview participant, Eli (20yrs), explained how the notion of gender felt irrelevant to how they felt as an individual and how they wanted to be defined by other people:

At this stage Gender Queer is what makes the most sense. My gender identity does not align with male or female, and my being socialised as female does not conform with whatever innate sense of self that I have either. I am most comfortable within myself and as a member of society as a person defined through character and principles rather than through my gender/sex.

Fourteen-year-old interview participant, Theo, spoke about how they did not necessarily identify with one

gender identity term, and how their experience of gender, shifted. They said,

> *I identify as nonbinary, which is kind of a vague term but I don't really feel like any of the specific words fit me right.*

Another interview participant, twenty-four-year-old Charlotte, who identified as a trans woman, explained how being transgender was not necessarily as straightforward as being assigned a sex at birth but identifying with a different gender.

> *Gender identity means everything about you on the inside and how you fit. Personally, I identify as female but there are times where I identify as male. This can be expressed as the gender norms.*

Sam (22yrs) spoke about how they currently identified as gender non-conforming but they had previously started transitioning from female to male. When asked what advice Sam would give other young people, they spoke about gender identity as an individual journey and that it was important to resist other people's expectations and to go at your own pace.

> *I've literally just changed from the medical intervention category (transgender/transsexual) and moved into non-op (gender non conforming/gender queer). You only know what's right for you. Just listen to yourself. There may be pressure, like when I was ftm, there was this competitive "Are you on hormones? Have you got top surgery?" It was nuts. Just go your own pace and if your identity changes, it's not the end of the world. People change.*

Another young person, Siobhan (22yrs), explained in her interview that she currently identified as a woman:

> *I'm female, or rather, I'm a woman (or girl, I guess, depending how you perceive age). It's the label that I find fits me best. More than any of the alternatives, anyway. And I guess I feel it fits me because how I (like to) express myself aligns with what women in society do. I think that's it, really. If I got to decide to be anything, whatever it meant, and I was given a blank space and could write whatever I want, I'd write female. And I don't really see my gender identity as different from a ciswoman's in that respect. They identify as female, as do I.*

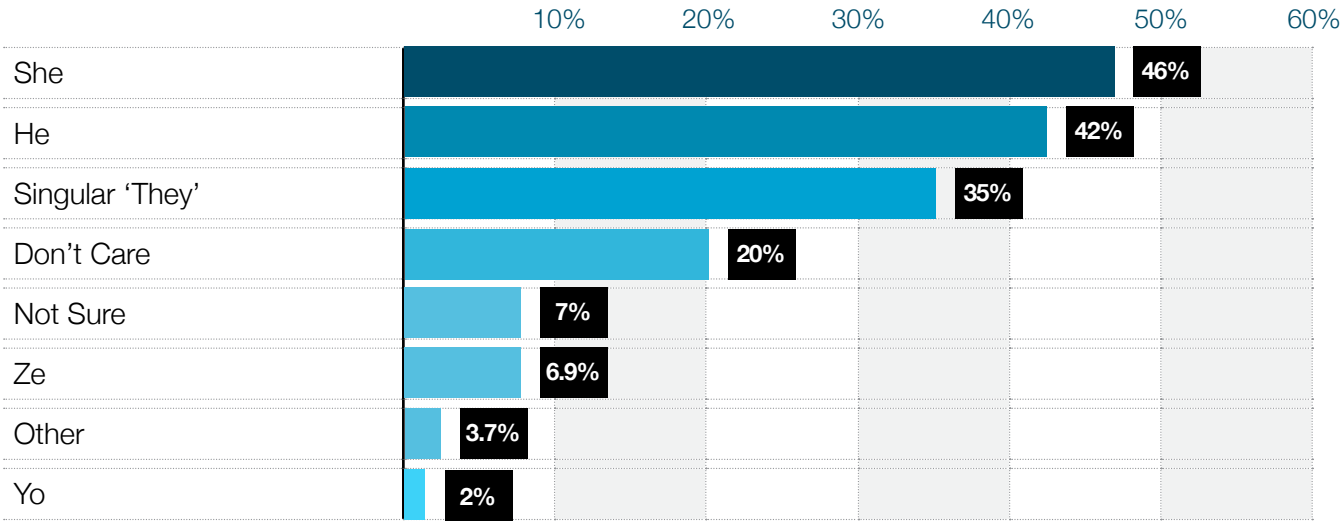
Gender Identity and Age

Nearly one third of the young people told us that they had questioned their gender identity for as long as they could remember (32%, n=61), and 60% (n=114) nominated a specific age. The youngest was aged 3 and the oldest was 24. Within this range, the average age that the young people began questioning their gender identity was 14. Only 7.4% (n=14) said that they had never questioned their sex assigned at birth. Questioning gender identity can be a complex process that does not necessarily begin and end at a specific time; for example, one young person told us that they started to question their gender identity when they were '24 but somewhere deep inside earlier', pointing to an ongoing development of a very personal sense of gender. These data illustrate the need for schools, community and health service providers to provide appropriate support for transgender and gender diverse young people of all ages.

PREFERRED PRONOUN/S

OF PARTICIPANTS

(n=192)



Pronouns

Participants were asked to select one or more pronouns that they prefer to use and be referred to as. The most popular pronouns that young people chose were 'she' (46%) and 'he' (42%); however, a significant proportion (35%) also chose the singular 'they' as a pronoun that they feel comfortable applying to their gender identity. Furthermore, 20% indicated that they 'don't care' what pronoun is used to describe them, which could be related to their sense of safety or comfort, or further point to the move towards diverse gender identities.

Tenson

22 years old Boy / man

I guess my transitioning is more about retraining my perception of myself as a gendered person. I like to challenge my own ideas, beliefs and ethos etc. It started with my exploration as a sexual being, not identifying with the 'gay' male label, I met a queer identifying American girl, and I had never really connected with anyone on a sexual level like I had with her. I started questioning my self-expression after a close friend of mine had shaved her head. I can't remember exactly what she had said but it was something about allowing other people to question how they react and treat her in social situations, especially in regards to older male identifiers. I met a drag queen in a course and decided I'd let them and their drag family show me the ropes. I've never had more profound experiences as a gendered person than I had in my drag facade, it was like the metaphor about walking in someone else's shoes. Except I experienced everything, that the other person in those shoes would experience, woah. It was both very liberating and very alienating: I think I remember feeling hyper sexualised and objectified, and the human reactions I encountered were very far between being incredibly receptive/nice to very tormenting/almost violent. It was a big wake up call. I now try and keep a fluidity to my expression, and present an ambiguous mood with my wardrobe. I sometimes feel very dysphoric in my body but I also love my body and I probably wont change it.

Chapter 5: Transition

- ↗ 77% of participants had socially transitioned, or were currently socially transitioning; a further 7% wanted to socially transition in the future.
- ↗ 26% of participants had undertaken, or were currently undertaking, a medical transition.
- ↗ 40% of participants said they did not want, or were unsure about, a medical transition.

Definitions of Transition

'Transition' is a complex term that holds different meanings in different contexts for different people. Commonly understood to mean moving from one thing to another (e.g. childhood to adulthood), the process of transition suggests a journey where a person leaves one situation (e.g. set of physical attributes, name, pronoun, etc.) and arrives at another. Participants in this research explained transition as becoming or affirming the gender that they always knew they were on the inside, or as a way of expressing their (non)gender(s) without conforming to the binary notion of gender; for example, one young person (22yrs) explained that transitioning for them was 'being perceived outwardly and treated in the same way that I perceive myself'. Another (21yrs) said, for them, transition meant 'becoming the person I feel internally, and making it visible externally'. For many this did not necessarily mean affirming a normative expression of either man or woman.

> *Not conforming to the socially accepted rules of my gender. I feel as though I am an extreme version of a tomboy, though I still have long hair and wear skirts/dresses because I feel freer in them. But I have made physical changes/choices—I don't wear make-up, I don't shave, I don't wear heels, I don't wear bras very often … and I feel I have a male persona, at least some times (gender questioning young person, 18 yrs).*

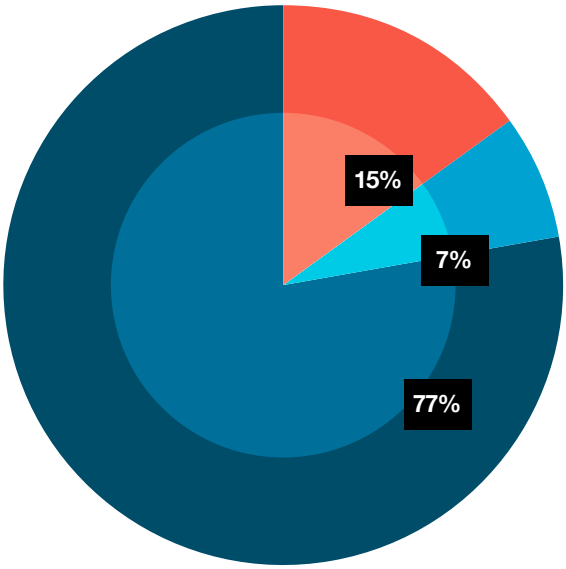
> *I don't really see it as transitioning for myself personally, because I doubt I will ever go "all the way" to "male" from "female". I have changed parts of my name, have changed my pronouns and just the fact that I identify openly as trans. However I still wear the same clothes, do the same things, my life just makes more sense now. I think transitioning is a term used for the trans* people that really want to change gender, whereas I just want to be acknowledged for who I am and that doesn't involve transitioning, because most things are staying the same! (Trans*, 25yrs).*

For some, transitioning was about finding a way to express both binary genders, as one genderfluid (23yrs) young person explained: 'for me it means to experience an extreme lifestyle change. I wish to spend half my life as a cissexed male AND half as a female, but my gender will always be a fluid expression of self'.

SOCIAL TRANSITIONING

CURRENT STAGE OF PARTICIPANTS

(n=175)



I am currently, or I have already socially tranisitioned.

I want to socially transition in the future.

I do not want to, or I am unsure about social transition.

Social transitioning (which was described in the survey as a change of things like clothes, name and pronouns) was a much more common experience for the young people than medical transition. 77% were currently socially transitioning, or felt that they had already done so in all or some areas of their lives. A further 7% expressed a desire to socially transition in the future. Young people described social transitioning in various ways. For one young agender/no gender young person (16yrs) transitioning was a way to manage other people's expectations about gender:

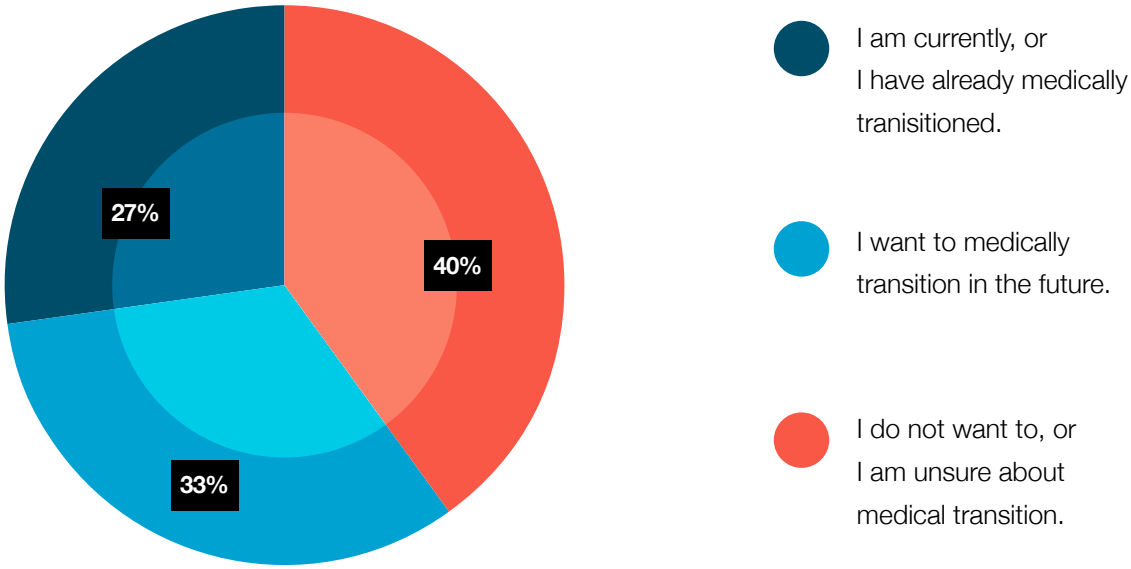
> *Transitioning for me isn't so much about changing my image as it is reducing the amount that people try to place stereotypes on me because of my sex. I don't want people assuming what I do or want to do simply because of the way some parts of me are.*

Another young person (gender queer, 16yrs) questioned the notion of 'transitioning' in light of identifying with more than one gender. They said: "since I identify as sorta male, sorta female … 'transitioning' for me was cutting my hair, shortening my name to a unisex one and buying more gender neutral clothes".

MEDICAL TRANSITIONING

CURRENT STAGE OF PARTICIPANTS

(n=175)

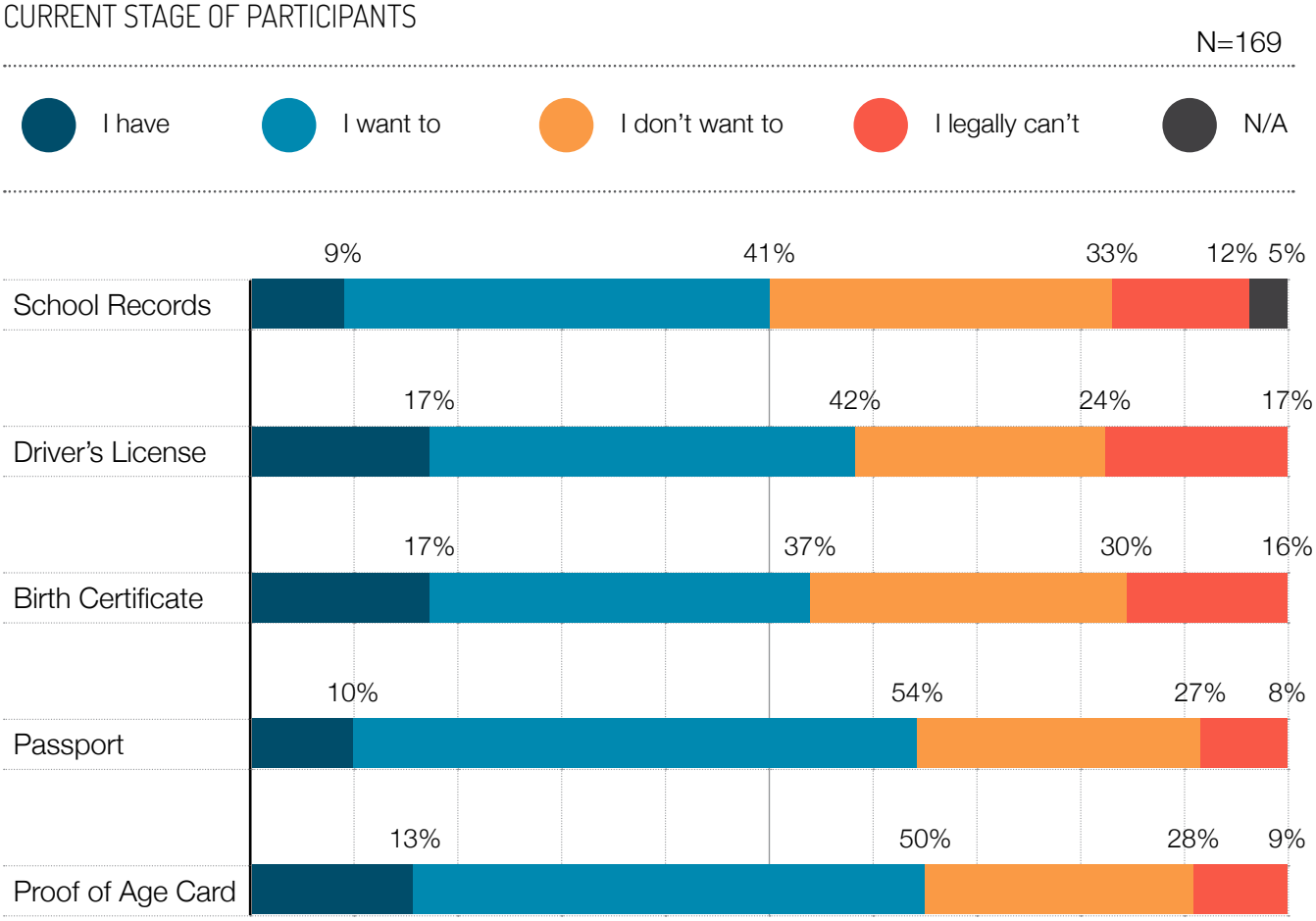


Thirty per cent (n=17) of the young people who identified with identities under the 'gender diverse' umbrella did not want to medically transition, while 34% (n=19) of these young people were unsure about medical transitioning at this time. The young people who identified with gender identities that fit within 'transgender' categories were more likely to tell us that they were currently medically transitioning (45%, n=37) than were gender diverse young people (2%, n=1). They were also less likely to feel unsure about transitioning (3.6%, n=3) compared to gender diverse participants (38%, n=21). For some young people, transitioning was linked to their feelings of mental wellbeing. One young person (23yrs) said: 'transitioning was a way to help prevent my suicide.' Another young person (MTF, 21yrs) described transition as not only about affirmation of their gender identity, but as a way to gain acceptance of this from friends and family. They desired:

> *a FULL transition, i.e. name, clothes, sex reassignment surgery, facial feminisation surgery (where needed), laser/electrolysis hair removal (important), building a healthy female body and most importantly acceptance from family and friends.*

CHANGING OFFICIAL DOCUMENTS

CURRENT STAGE OF PARTICIPANTS



Many gender diverse and transgender people wish to change their sex/gender marker and/or name on their official documents (such as Birth Certificates, passports and school records) in order to affirm their gender identity. Currently, many of these official documents lie within State and Territory jurisdictions, with the exception of Australian passports which are a federal matter. With the exception of Australian passports (which now include a third sex category 'x'), official Australian documents mostly adhere to the restrictive binary notion of sex, male/female, and do not cater to people who identify with gender-diverse categories such as agender. The six states and two territories impose various conditions that need to be met before changes to these documents can take place; for example, most of the states do not allow a married person to apply to change their sex on their birth certificate, forcing people to choose between legal recognition of their gender identity and the legal recognition of their relationship. Further, many States require that individuals undergo sex reassignment surgery before they can apply for these changes (Australian Human Rights Commission, 2009, p. 23).

Given the role that changing such documents can play in an individual's affirmation of their gender identity, we asked the young people to nominate the documents on which they would like to change their gender marker and/or name, which documents they had already changed, and which ones they did not want to change. Most young people wanted to change their marker or name on all documents. The passport was the most popular document that young people wanted to change and, in Australia, this is one of the easiest documents to alter. The documents that had already been most commonly changed were 'birth certificate' and 'driver's licence' (17% of young people having already changed both).

Erin

17 years old Agender

I don't see it happening but I hope for a time where people won't expect people to abide by a certain gender because of their physical sex or outwards appearance. I also hope for less sexism and discrimination for certain genders.

I very much hope that within the gender diverse community that people will stop holding others to their own standards—i.e. thinking that someone can only identify as a woman if they abide by the entirety of that gender stereotype. I hope people can realise an individual might still like to play sports and like cars and still identify as a women.

I also hope that in the LGBTI community, that transgender and intersex people can stop being left behind. It seems like lesbians, gays and bisexual people are becoming more accepted and having laws which relate to them (i.e. gay marriage) but T and I are still stuck under oppression and discrimination.

I know a lot of people who are gender diverse commit suicide (I recently researched Transgender and Trans* discrimination in Australian healthcare and found that something like, that trans* individuals suicide risk is 12 times higher than the general population). I hope this will decrease and altogether stop.

Sammie

22 years old Trans man

I hope to pass completely as a man in the future, I have only just been on Testosterone for 4.5 months but I'm very happy now, more than I have ever been. My goal in life has always been to seek inner harmony and do what will make me happy and now that I am transitioning, I believe I am reaching that goal of harmonising myself. I don't have a particular dream, it's something I will think about. I feel as though being trapped as female limited me in so many ways; such as relationships—romantic and social, studies, jobs, everything!

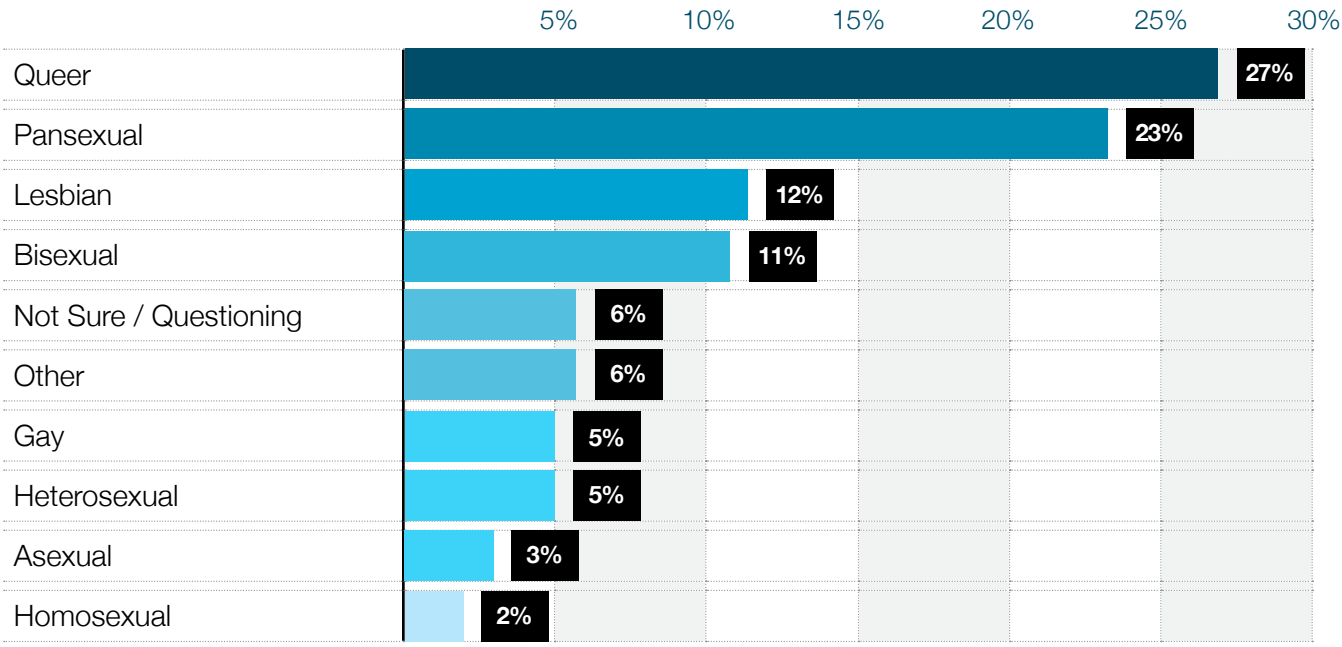
Once I'm further along in my transition and happier, confident with myself, I intend to seriously think about what to do now that I am "me". I dropped out of my TAFE studies due to my psychological meltdown and not being able to leave the house until I began transition. So my first step will be to research what to study, what career path to take and what suits me. Then I'll travel, make friends, engage in relationships and just enjoy life like I hadn't before.

- 50% of young people identified as either pansexual or queer.
- Participants were least likely to identify with the terms homosexual (2%), asexual (3%) gay (5%) or heterosexual (5%).
- 12% chose ‘not sure’, ‘questioning’ or ‘other’ to describe their sexual identity.

Chapter 6: Sexuality

CURRENT SEXUAL IDENTITY

OF PARTICIPANTS N=189



The young people in this research were most likely to identify with sexual identities that did not denote the gender(s) of either the person of their attractions or themselves. The combined total of those who identified as 'Pansexual' or 'Queer' was fifty per cent, sixty per cent when including the young people who chose 'Bisexual'.

Gender diversity and sexuality are often conflated in popular culture and discussion, despite gender identity(ies) and sexual identity(ies) being two separate aspects of an individual's sense of self. Many people relate to a variety of both gender and sexuality identities that can also change during their lifetime. Furthermore, the category of 'sexuality' often conflates behaviour, desire and pleasure despite the fact that these aspects may not necessarily link to a fixed identity. Research with same-sex attracted and gender questioning young people in Australia found that they understood their sexual identities in highly personal and self-reflective ways (Jones, del Pozo de Bolger, et al., 2014; Jones & Hillier, 2013). This complexity was evident in the way that the transgender and gender diverse young people in this research understood their sexual attractions, behaviours, desires, and identities.

Gender diverse or transgender young people may have already challenged the belief that gender is restricted to a binary and therefore may be more likely to challenge the notion that sexual attraction is dependent on the sex or gender of the person of desire; for example, a genderqueer young person (16yrs) in this research told us that "being queer [was] about rejecting heteronormativity and cissexism". Other young people in this research also challenged restrictive notions of sexual desire and noted individual aspects that they were attracted to that were not dependent on a person's sex or gender identity:

Pansexuality for me, is not basing my romantic or sexual attraction on gender or sex. There are many other characteristics that prevail in importance such as physical attraction, spiritual connection, intelligence, cultural similarities which decide whether I want to begin a romantic/sexual relationship with someone. Gender and sex doesn't matter. If I'm attracted to someone it's not going to stop me if they are a certain gender or possess certain genatalia (no gender/agender, 17yrs).

Age was a factor in young people's choice of identity. Those aged between 22 and 25 were more likely to choose 'queer', while those aged between 14 and 21 were more likely to choose 'pansexual'. Pansexual has also been popular in other Australian research when young people were given similar options (Jones, del Pozo de Bolger, et al., 2014).

I am primarily sexually and emotionally attracted to cis gendered women, but because I have also been attracted to cis-men, trans men and women, and androgynous people, I choose to not identify as a lesbian. Personally, I prefer to identify as queer rather than pansexual, as "sex" and "sexual" do not always factor in to who I am attracted to and how I am attracted (eg. emotionally, spiritually). Queer culture and community are important to me and my sense of identity. "Queer" feels like less of a label and more of a state of being and interacting with the world (girl/woman, 24yrs).

The sexuality categories with which the young people identified sometimes changed as they explored their (non)gender(s). Some participants focussed on attraction rather than identity in order to subvert assumptions being made about their gender based on their sexuality. Sexual identity(ies) also came with communities attached to them, and, for some young people, this affected the categories with which they chose to publically identify even if their desires, attractions and behaviours were more ambiguous. One young person (25yrs) took many factors into account when they thought about sexuality:

Originally it meant to me that I was attracted to and fell in love with people of the same sex as me. I guess now that I am trans that is no longer accurate for me. I can confidently say I am only attracted to women, so when people ask my sexuality I like best to say "attracted to women" because that doesn't need my gender to be specific. I suppose I really just identify as queer, however I spent so long in the gay/homo community that I feel very attached to the description and want to keep it!

Asexuality

Individuals who identify as asexual may experience greater levels of stigma than those who identify as same-sex attracted or bisexual and, as such, may have worse mental health outcomes than other groups (Yule, Brotto, & Gorzalka, 2013). In this current research, three per cent of the young people identified with this term. While this number is small, it is only slightly smaller than the percentage of participants who identified as heterosexual (5%) or gay (5%) and is higher than those who identified as homosexual (2%). The numbers were too small, however, to undertake correlations with other questions in the survey. Many of the nine individuals who identified with the term 'asexual' told us what this meant to them, including one young person (17yrs) who explained that identifying as asexual meant that they were 'not sexually attracted to anyone, regardless of gender', and another young person (21yrs) told us:

I am sex repulsed and uninterested in sexual relationships but recognise that I have sexual appreciation of others.

Romantic and/or sexual attraction

Some of the young people made a distinction between romantic attraction and sexual attraction in their open-ended responses. As one young trans man/boy (25yrs) explained: "I am romantically attracted to women and transmen and sexually attracted to all genders including cismen". Other young people explained this as follows:

I am romantically, emotionally and physically attracted to males and females in whatever form be they cis, trans, intersex and especially androgynous. I would marry a male or a female depending on who I fell in love with. I am equally attracted to both genders romantically though I am more sexually attracted to females (questioning, 18yrs).

Another said:

I class myself as panromantic I like to have romantic relationships not sexual (genderfluid, 21yrs).

The young people in this research were most likely to identify with sexual identities that did not denote the gender(s) of either the object of their attractions or themselves. In doing so they creatively carved-out spaces for themselves where they are able to experience sexual desire, pleasure, attraction and identity in ways that do not pin them down to restrictive gender identities or expressions.

Eden

21 years old Genderqueer

I consider myself a gay male woman. I am comfortable with my male anatomy, am primarily attracted to (effeminate) men and consider my relations to be "same-sex". However, I expect others to call me 'she' and see me as female in all other areas. Occasionally, when I am attracted to women, I am attracted to them on the basis of the female aspects of myself. So attraction for me is always, in some sense, same-sex. I am also attracted to non-binary people or people who push the binary.

Chapter 7: School

- Gender diverse and transgender students attended all types of Australian schools. They were more likely to attend alternative schools than the general population.
- Over half of the participants rated their schools' sexuality and puberty education as mostly inappropriate.
- Participants who did not feel supported by their teachers were over four times more likely to leave school if they experienced discrimination than were those with teacher support.
- Inclusive schools were those where leadership and teachers tried to address students with their preferred personal pronouns, were flexible about uniform and toilet arrangements, took a stand against bullying, and aimed to be accommodating to the individual's needs.

Past research has highlighted the vital role that school leadership, teachers, school environment and peers played in the mental health and wellbeing of gender diverse and transgender young people in school contexts (Jones & Hillier, 2013; J. K. McGuire, C. R. Anderson, R. B. Toomey, & S. T. Russell, 2010). Gender diverse and transgender young people have been found to experience more harassment, discrimination and abuse than their cisgender, same-sex attracted peers (A. H. Grossman & D'Augelli, 2006; Jones & Hillier, 2013), and that this can also come from school leadership and teachers themselves (Kosciw & Diaz, 2005). Previous Australian research has also highlighted that transgender people are twice as likely not to complete their formal required schooling years due to unsupportive environments (Jones, del Pozo de Bolger, et al., 2014). This underscores the importance of actively improving school support for these students, and the importance of inclusive practice in response to gender diversity and sexual diversity.

Legal Rights at School

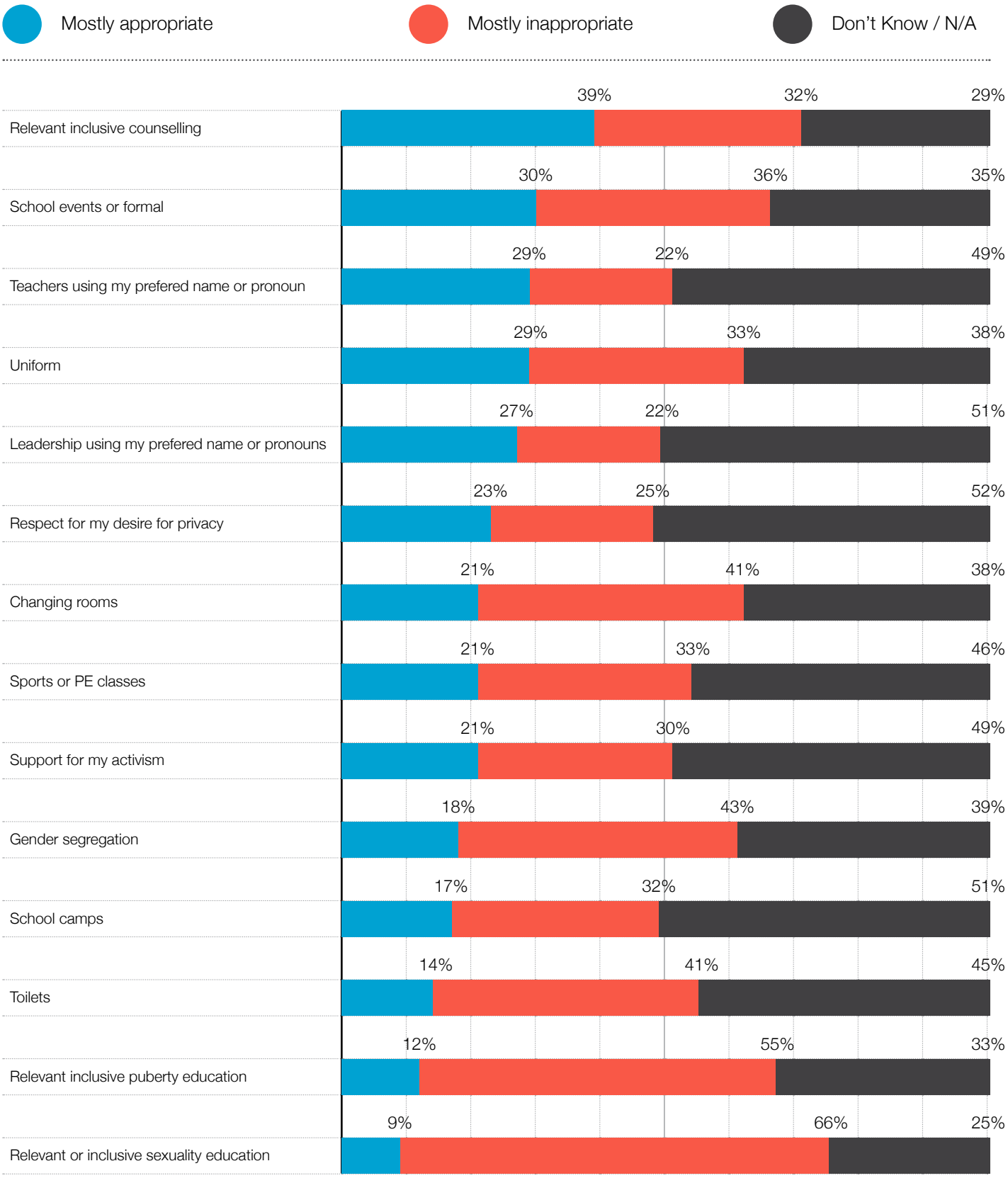
The right of same-sex attracted, gender diverse and transgender students to an equal education is protected in international human rights law (United Nations, 2012). In Australia, the 2013 SDA Amendment Act (Sexual Orientation, Gender Identity and Intersex Status) consolidated five pieces of federal anti-discrimination legislation into one act and provided the first legal protection from discrimination based on intersex status in Australia. Despite efforts to have them removed, exemptions for religious schools were allowed in the new law in relation to gender identity (The Senate Legal and Constitutional Affairs Legislation Committee, 2013). This means that some religious private schools in Australia are given permission to discriminate against transgender and gender diverse students. Intersex students are not included in these exemptions due to the biological basis of intersex status.

The young people in this research attended Government schools (47%), Catholic schools (10%), other Christian schools (8%), private schools (10%), TAFE and other institutions providing secondary education (19%), and other schools, including, for example, distance education (6%). It is clear that transgender and gender diverse students could be in any type of Australian school system—including those in which there may be little protection or support for them; however, our data show they are less likely to attend mainstream government education systems compared to the nearly two thirds of the general population in those systems (Australian Bureau of Statistics, 2013), and are more likely to complete their secondary studies through alternative contexts such as TAFE. In order to explore what constitutes a safe and inclusive school environment for these young people, this section of the report looks at school supports—teachers, peers, sexuality education, school provisions and, collectively, school cultures that foster positive mental health and wellbeing.

SCHOOL FACILITIES AND PRACTISES

AS RANKED BY PARTICIPANTS

(n=186)



Gender diverse and transgender young people require appropriate supports at school both for their educational and general wellbeing and to ensure that they experience school as a safe space (Toomey, McGuire, & Russell, 2012). To find out how appropriate and inclusive school facilities, curriculum and practices were, we asked participants to rate such provisions at their current or most recent school. The choices were 'mostly appropriate', 'mostly inappropriate', or 'don't know/not applicable'. Overall, participants indicated that their schools' provisions were mostly inappropriate. Most striking was the lack of relevant and inclusive sexuality education for two-thirds of participants, with less than 10% indicating that their school had a mostly appropriate approach. Students at Catholic or other Christian schools were more likely to indicate that their sexuality education was mostly inappropriate (85%), and none from this group found it mostly appropriate (0%). Puberty education did not fare well either, with over half of all young people reporting it was mostly inappropriate. An FTM participant (21yrs) explained: "sex education class did not mention trans or intersex" and characterised teachers as "mostly intolerant staff". A gender questioning young person (18yrs) attending an all-girls school noted that allowance for gender diversity was very limited:

> *Though the school promotes strength and intelligence in women, we are told to be 'lady-like' [and] our sex ed was appalling—abstinence was encourage [and] stds were discussed briefly and no mention of same sex issues, our bodies are shamed.*

This is not a surprising situation given that most teachers will be relatively inexperienced with the issues and will not have had training to deal with them. Teaching material relevant to these issues is not currently mandated and there are few, if any, resources for teachers to use.

Over 40% of the young people felt that gender segregation (such as lining up in rows of boys and girls or segregation for learning, etc.) was applied too often at their school. An 18-year-old trans girl/woman said she wasn't 'out' at school, but, because it was a very gendered environment, "I was routinely ridiculed for doing things that were considered 'inappropriate' for my presumed gender (hanging out with girls instead of boys, not engaging in 'locker room talk', being effeminate)". Younger participants (14 to 17 year olds) seemed to fare better, with higher numbers indicating that they had mostly appropriate, relevant and inclusive counselling services (or links to such services) at their current or most recent school (67%) compared to 18 to 21 year olds (37%), and 22 to 25 year olds (22%).

Participants who attended government schools or institutions were also most likely to indicate that these provisions were mostly appropriate for them compared to those from religious schools. A young trans boy/man (22yrs) from a religious school commented on the difficulties of contexts where religious and psychological counselling were not separated out: "the only counselling that I knew of in school was from our school Chaplain, the last person I would feel comfortable talking to about my gender identity".

There can be particular challenges for these students in being able to use the appropriate toilets. For schools, one of the most important factors is to be sensitive to the students' need for bathroom facilities that they feel are appropriate, private and safe. Over a third of the young people felt that the changing rooms (41%) and toilets (41%) at their current or most recent school were mostly inappropriate. One young person (FTM, 18yrs) noted: "everything was well accepted and catered for at my school, except I was made to use a disabled toilet instead of the male toilets". Being transgender or gender diverse is not a disability, and while some students will choose this option because it is more comfortable to use a toilet that is 'unisex', students should be offered the choice to use whichever toilet they prefer in order to support their physical and mental health needs.

Theo (transgender, 14yrs, interview participant) explained that while he felt that school was generally "pretty great" and he had supportive friends, it was hardest in physical education "'cause EVERYTHING is split into 'boys' and 'girls', and me and my best friend (who is also transgender) have considered just not going to that class, and my friend always looks really upset". He was concerned that there were no gender-neutral bathrooms, "so I have to avoid going to the loo at school (which SUCKS)".

It is important to note that some of the young people had not declared their gender identity to their school. This reveals the need for schools to provide services on the basis that there will always be gender diverse and transgender students, rather than wait for issues to arise. For one interview participant, Charlotte (24yrs), one reason why she maintained silence about her gender identity was due to the perceived effect this may have had on a family member's career within education:

> *When I identified as trans, I was at a Christian school and my mum worked there as a teacher. So I always had this fear that if I told one of my friends my secret, it would humiliate and cause my mother to lose her job. Unfortunately there were no gay or trans people at my school. At least whom were out. Looking back I should have told somebody.*

Other young people spoke about the highly gendered environment at school and how this influenced their decisions about coming out about their gender in this context; for example, a genderqueer young person (24yrs) spoke about remaining quiet due to an "all-boys private school that encouraged a hypermasculine environment". Conversely, an FTM student (18yrs) discussed how their senior school environment became more supportive:

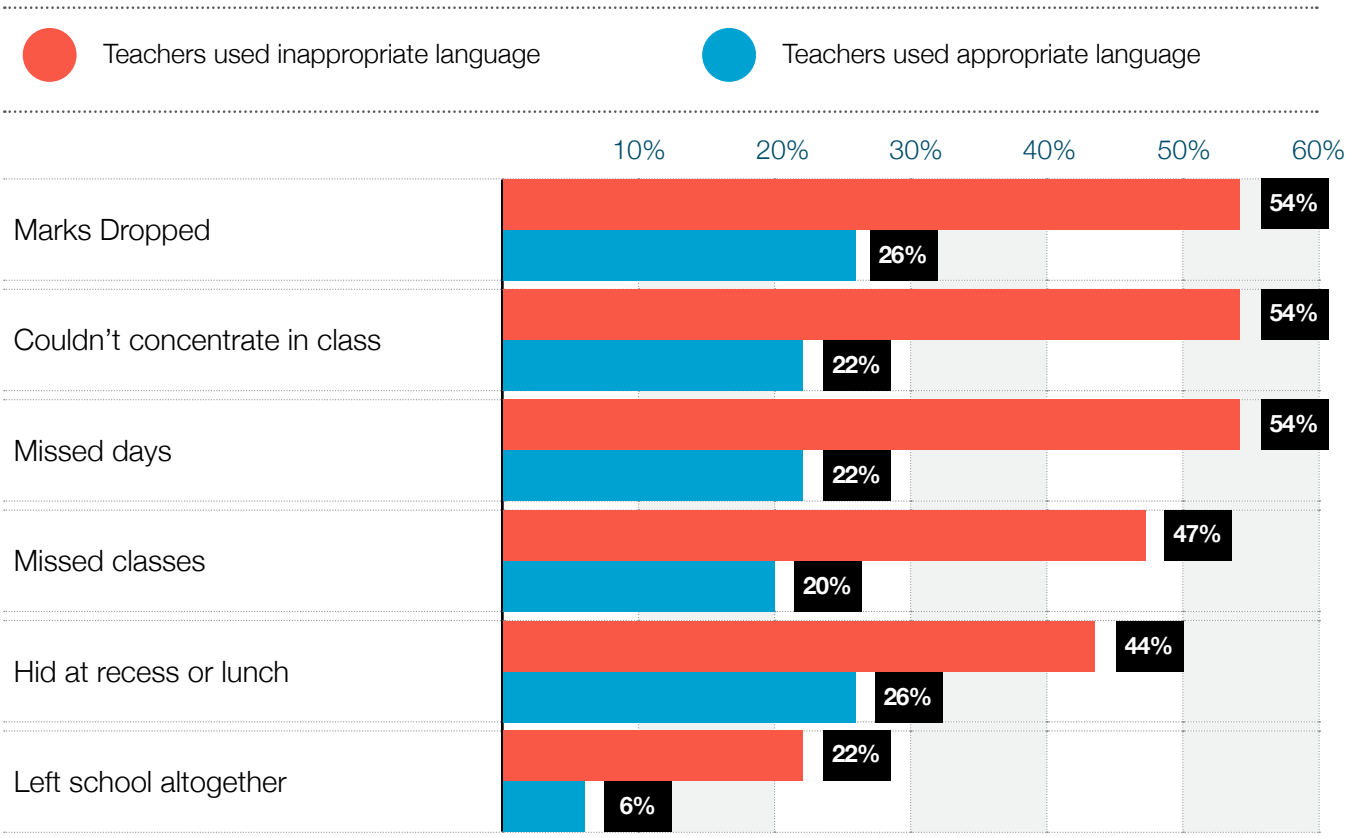
> *Throughout most of my schooling I was not out and found school very challenging and was bullied for not fitting the female social role. From years 7-9 classes were single sex and I found this very uncomfortable. In senior school (10-12) I have been more comfortable with mixed classes. Recently I have socially transitioned, with the school's permission, and they have been mostly accommodating. My classmates have adjusted to the change well and I have a very supportive group of friends.*

The appropriateness of school uniforms was fairly evenly split. For some young people, the uniform code at their school was highly gendered; for example, a genderqueer young person (23yrs) described how female staff and students were discouraged from wearing trousers and males would be given detention for "wearing 'girls' uniforms", and a 16-year old boy described how embarrassed and depressed he felt at being "forced to wear a dress/ skirt" at one of his schools. Another young person (FTM, 25yrs) described attending an all-girls private school where the uniforms were feminine and there were no masculine options: "A person who requested trousers at assembly was laughed at and bullied for years. Lesbian/dyke was the worst insult you could be called." For other participants, their school offered more flexibility. Cinder (18yrs), who participated in an interview, said:

> *Most high schools don't accept men wearing female uniform and my old school didn't accept females wearing men's uniform (i.e. pants). It makes life hard, because you have to out yourself to wear what you want, even when in society its fine to wear pants. Again, having uniform policies that recognise the needs of transgender and gender diverse young people would clearly make a difference to student wellbeing and engagement.*

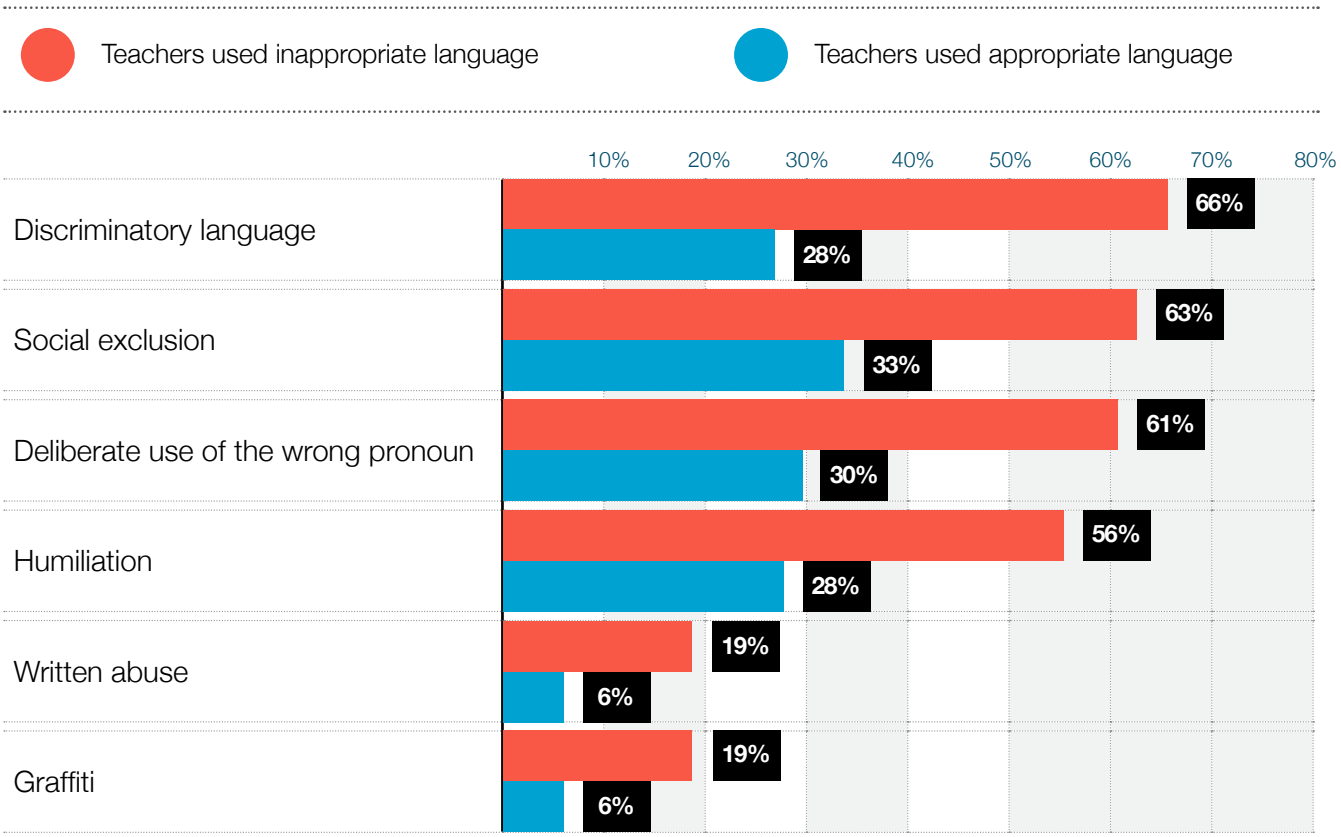
IMPACTS OF HARASSMENT AND DISCRIMINATION AT SCHOOL

BY WHETHER TEACHERS USED APPROPRIATE OR INAPPROPRIATE LANGUAGE



TYPES OF HARASSMENT AND DISCRIMINATION EXPERIENCED AT SCHOOL

BY WHETHER TEACHERS USED APPROPRIATE OR INAPPROPRIATE LANGUAGE

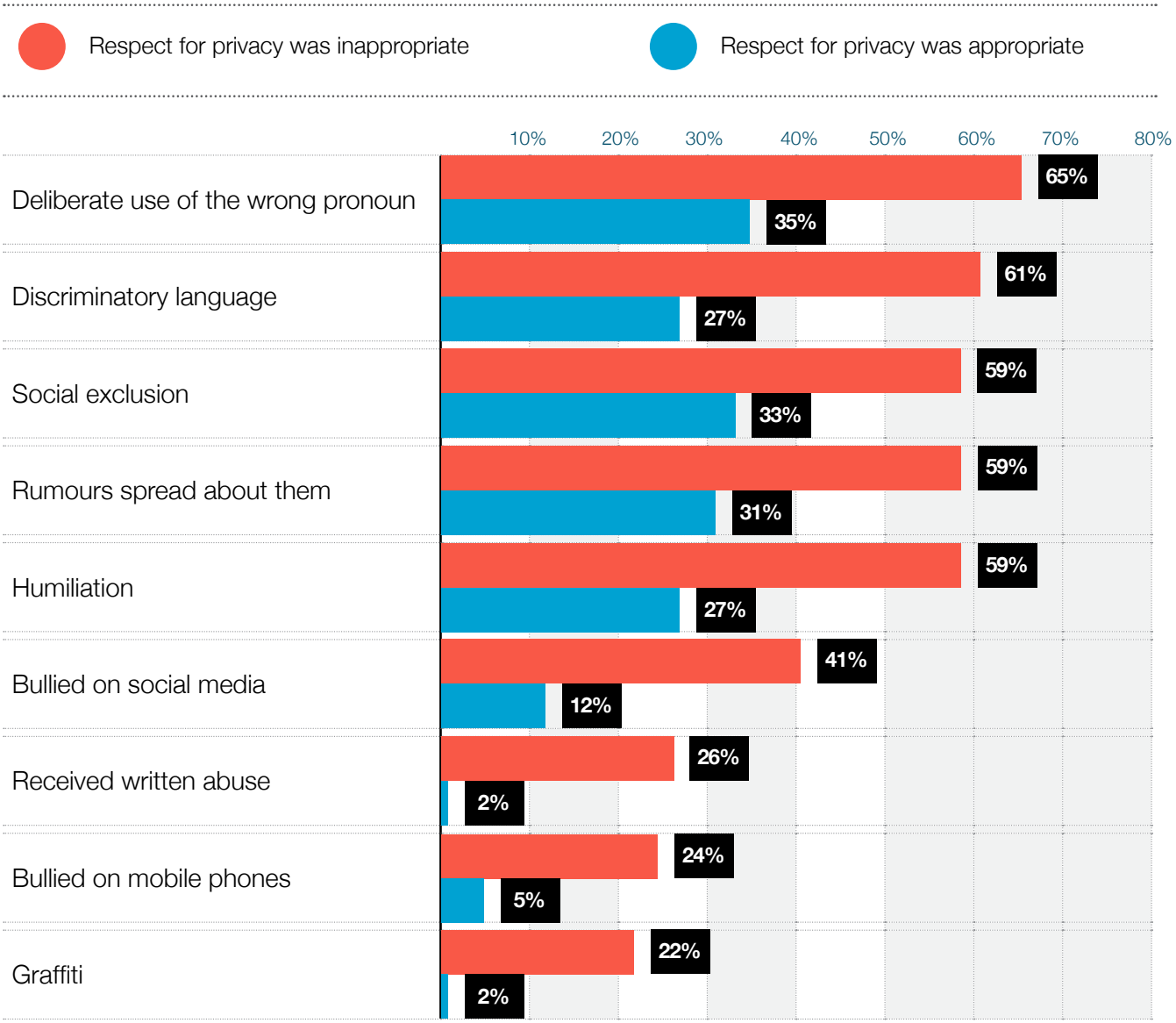


Participants whose teachers' use of pronouns and names were mostly inappropriate were also more likely to have poor educational outcomes than those whose teachers used appropriate language. These educational outcomes ranged from being unable to concentrate in class (54% compared to 22%) through to having their marks drop (54% compared to 26%) or leaving school altogether (22% compared to 6%).

Young people who told us that respect for their desire for privacy around transgender and gender diverse issues and status was mostly inappropriate were more likely to experience all of the types of harassment and abuse compared to young people who felt that respect for their privacy was mostly handled appropriately. These experiences of abuse were related to negative outcomes in many cases; for example, participants who had experienced harassment, discrimination or abuse at school (38% of the total sample) were twice as likely to have PTSD than those who did not (21% compared to 10%).

RATES OF HARASSMENT AND DISCRIMINATION EXPERIENCED AT SCHOOL

BY WHETHER RESPECT FOR PARTICIPANTS' PRIVACY WAS APPROPRIATE OR INAPPROPRIATE



Supportive Classmates

Another key protective factor for gender diverse and transgender students was the support of classmates. Participants with supportive classmates were less likely to experience various forms of harassment and discrimination at school. Overall, 68% per cent of participants without supportive classmates experienced social exclusion compared to 30% of those with supportive classmates. Participants without supportive classmates were also more likely to have rumours spread about them (50% compared to 36%). Further, they were more likely to have graffiti written about them (27% compared to 3%); be bullied on social media (47% compared to 21%); be humiliated (53% compared to 28%); and have people deliberately use the wrong pronoun or name to refer to them (50% compared to 26%). Participants without supportive classmates were also more likely to move schools (27% compared to 7% with supportive classmates), miss classes (47% vs. 22%), hide at recess or lunch (50% compared to 21%), not use the change rooms (27% compared to 17%) and drop out of extra-curricula activities (27% compared to 14%).

One genderqueer young person (21yrs) without supportive classmates told us: "I'd get called dyke, fag, freak, shemale, shim. Etc. I'd often have people at school yell 'are you a guy or a girl?', when they already knew. They'd just be yelling it to be cruel and try and shame me". Another genderqueer young person (20yrs) explained that without the intervention of supportive peers, over time the bullying only increased:

> *I am routinely called "freak" "tranny" "wrong" "weirdo" "faggot" "poofter", or hear people in the streets exclaiming "What the fuck?" about me. People stare, appear aggressive or menacing, turn and watch or get their friends' attention about me. High school classmates began seriously bullying me and another classmate who had both recently come out as trans women. This involved abusive language, pictures, statuses making fun of our anatomies and sending us hateful messages.*

Inclusive Environments

These findings point to the vital role that supportive leadership, teachers, and classmates can play in the mental and general wellbeing of gender diverse and transgender young people. Further, they suggest the need for inclusion of more information on transgender and gender diverse themes in sexuality and puberty education curriculum, and to the need for greater sensitivity to the many ways in which schools can be oppressively gendered environments.

If whole-of-school supports are put in place, it is possible to create inclusive and respectful educational environments where young gender diverse and transgender people can thrive and experience protective factors from further negative wellbeing outcomes. An FTM young person (16yrs) enthused that their school has been mostly fantastic with their transition, because "I have had a lot of support from teachers and my peers". A 15-year-old transgender young man spoke about the effect that leadership support can have on school culture:

> *The faculty at my school have been pretty great about the whole thing, switching over to the new name and pronouns with only maybe one or two slips as they adjusted. They're very aware of any potential for bullying, which I imagine would be much more appreciated if it was anyone other than myself (I don't know what it is, but my whole school career I have never had a problem with bullying). The students took it surprisingly well. Most of them had never heard the term transgender, so it was mostly just repetitive explaining at a really basic level.*

A school with good connections between teachers and students enabled a more inclusive school environment for one gender-fluid young person (17yrs); they explained:

I have been lucky enough to attend a small, independent secondary college in Melbourne's inner-east, where the principal and small, tightly knit teaching staff and student community have been supportive and understanding throughout my exploration of my gender identity. I spent 2012 mostly identifying as female and preferring the use of a different name and relevant traditional female pronouns, and found overwhelming warmth and support from my peers, teachers, and administrative staff. I did continue, however, to use the male bathrooms (but never felt uneasy about this at school, though I have in less supportive environments) and gender-segregation was rarely an issue as it was not a technique promoted or employed at the school.

When schools support student choices about gendered activities there is a greater sense of inclusion. For example, a gender-fluid young person (16yrs) commented:

The only outed transgender person at my school is my best friend. Our school is quite inclusive—they allowed him to play for the boys hockey team and he is allowed to use whatever bathroom he prefers (and they have also given him a key to the staff bathrooms in case he's not feeling comfortable), but he uses the girls bathroom, probably because he's afraid to use the male ones. Our school is quite brilliant with accepting sexuality. I'm out and very comfortable - I've had no bullying whatsoever. I can't say that they're 'activists' at all, but they do support our rights and so forth.

A transgender student (17yrs) highlighted the importance of a whole-of-school approach:

I am not completely out at my school however I am lucky enough to attend an incredibly accepting school. Those of my teachers (including executive staff) who are aware of it are incredibly accepting and respect my desire for privacy. Furthermore, when I approached them to do some advocacy on Transgender issues on a LGBT activism event (the first at my school) the teachers running it were extremely supportive, as was our acting principal at the time. Their concern was for my safety and that I felt comfortable with the acting principal informing me that if I was ever to decide to come out in high school and live openly as transgender she would work with me to make the experience as smooth for me as possible (help with uniforms etc). While my school can be very conservatively Christian it is changing, becoming more tolerant with even the library recently buying LGBT-themed books.

In Australia, only a few services are currently available to support schools to create more inclusive environments for gender diverse and transgender students. Safe Schools Coalition Victoria (SSCV),funded by the Victorian Department of Education, was the first statewide service to give specific guidance to schools on supporting students through the process of gender transition or affirmation, as well as offering professional development to school staff on supporting and recognising gender diversity. To date, SSCV has supported 20 students transitioning or affirming gender from as early as grade 2 through to grade 12, with a high degree of success. Other state-specific programs aimed at supporting LGBTI communities are provided by organisations such as Open Doors in Queensland, Freedom Centre in Perth and SHine in South Australia, which also provide some services to schools. All these services have a limited capacity and reach, particularly into schools in rural and regional Australia and those outside the government system.

In June 2014 a new national program 'Safe Schools Coalition Australia' was launched to provide services to schools to support gender and sexual diversity around the country. Based on the successful Victorian model, the Coalition is hosted by the Foundation for Young Australians with services to be delivered by partners in each state and territory.

Bailey

16 years old boy/man

I am not allowed to wear boy trousers to school. I feel very embarrassed and depressed having to wear girl pants to school. I was forced to wear a dress/skirt to school in my previous school.

I am not allowed to use the male toilet/change room. I wish they have a neutral toilet, but not for disabled people, or have some neutral toilets that include disable people.

I had to drop one of my favourite subjects, which is sport because I can't handle my embarrassment having to change in the female change room. I would really love to get involved in many activities that I can represent my school like inter-school sport competition but I am too embarrassed as I'll be force to play in the girl team, or if I'm not representing my school for sport competition, then other competitions will require myself to dress in full school uniform, which I'll have to wear the girl pants and I hate it.

The school principal said he will never call me a male or use male pronoun until I have my gender reassignment therapy done, which will never happen until I [have] left school. I also have to wait to be assessed by the gender clinic at the Royal Children Hospital, which doesn't seem to be in progress, then the school [will] look at the assessment to decide if they will let me wear guy trousers to school or not. I want it to happen right now. It makes me depressed so much that a lot of the time I can't focus at school. Sometimes I really hate myself for this, and I want to die, or to hit myself so hard so that I could faint.

I tried to suggest for a support group for LGBTQI people at my school, as my school is a big school, so there should be many LGBTQI people. But the principal said it's not a good idea and help no one, nothing.

Teachers at school still call me a girl and say things like "good girl". I don't understand which part of me telling them I am [not] a girl and all I wanted was to shout out that I am not a girl.

Chapter 8: Abuse and Harassment

- Sixty-six per cent of participants experienced verbal abuse on the basis of their gender diversity.
- Twenty-one per cent had experienced physical abuse on the basis of their gender diversity.
- Thirty-one per cent had experienced other forms of abuse and harassment.
- The most common location where this abuse took place was the street (40%), closely followed by school (38%).
- Over 90% of young people who had experienced physical abuse had thought about suicide.

It has been well documented that gender diverse and transgender individuals are at greater risk of harassment, abuse and discrimination as a result of not conforming to gender norms (E. Lombardi, 2009; E. L. Lombardi, Wilchins, Priesing, & Malouf, 2001; Stotzer, 2009). Schools and public areas such as public transport have been previously recognised as particularly unsafe spaces for gender diverse and transgender people (L. Hillier et al., 2010a; Toomey, McGuire, & Russell, 2012).

Verbal Abuse

Sixty-six per cent (n=112) of participants told us that they had experienced verbal abuse because of their gender expression. Ninety-two young people gave us examples of verbal abuse that they have had directed at them, while one told us it was too traumatic for them to repeat. Many had experienced strangers calling out to them in the street, on public transport, and in other public spaces. One gender queer young person (21yrs) told us that they are:

> *routinely called "freak" "tranny" "wrong" "weirdo" "faggot" "poofter", or hear people on the streets exclaiming "What the fuck?" about me. People stare, appear aggressive or menacing, turn and watch or get their friends' attention about me.*

Some participants had experienced verbal abuse from immediate and extended family. One gender questioning young person (18yrs) was verbally abused by more than one member of their family.

> *My mum said I'd look unattractive at formal, my sister said I'd be a virgin forever and my 5 [number changed] aunties and grandma gathered around me and all shouted offensive things at me to try and shame me into shaving.*

This young person continued to tell us that this and other pressure from friends to conform to gender norms was "not exactly bullying or assaulting". Verbal abuse was also experienced through constant inappropriate questioning about body parts and personal behaviour. One young man (21yrs) experienced this kind of harassment and questioning from a co-worker:

> *At work, they would say things such as, "tranny", "freak", and a regular "heeeeeey girl". They also brought up awkward questions and stories, for example "I knew a girl like you in New York. She used to pretend she was a boy too, and stand up to pee—do you do that?"*

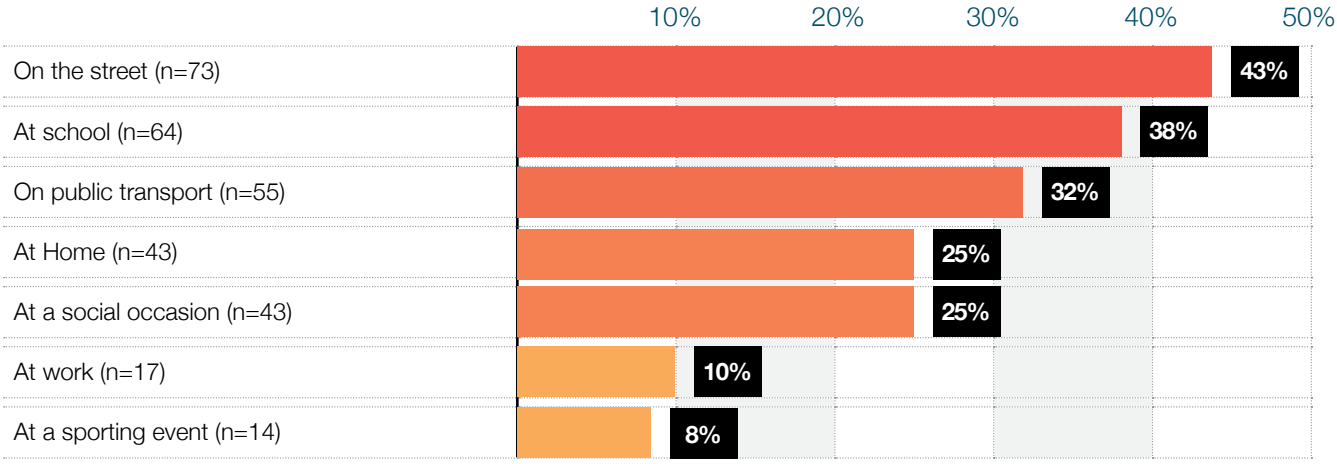
Verbal abuse also involved strangers whispering to each other and exchanging negative looks in front of the young people. For some, this kind of public abuse began to reduce when they started 'passing' as either a young man or woman. One trans woman (22yrs) explained: "I've gotten better at passing. It has mostly dropped off now. Only my voice gives me away, people look shocked and/or disgusted when I speak".

Physical Abuse

Twenty-one per cent (n=38) of participants told us that they had been physically abused due to their gender presentation and 32 young people gave us examples of what they had experienced. For some, it was too distressing or traumatic to be explicit. Several young people told us about experiences of 'corrective' rape by both strangers and people known to them. Other physical abuse included being beaten up, pushed, hit, and grabbed. For some of these young people, physical abuse had led to a risk of losing their life. One young woman (20yrs) told us that she was "beaten up and thrown on the train tracks because [she] was wearing a skirt".

PLACES PARTICIPANTS EXPERIENCED ABUSE

INCLUDING VERBAL, PHYSICAL OR OTHER HARRASSMENT, DISCRIMINATION OR ABUSE

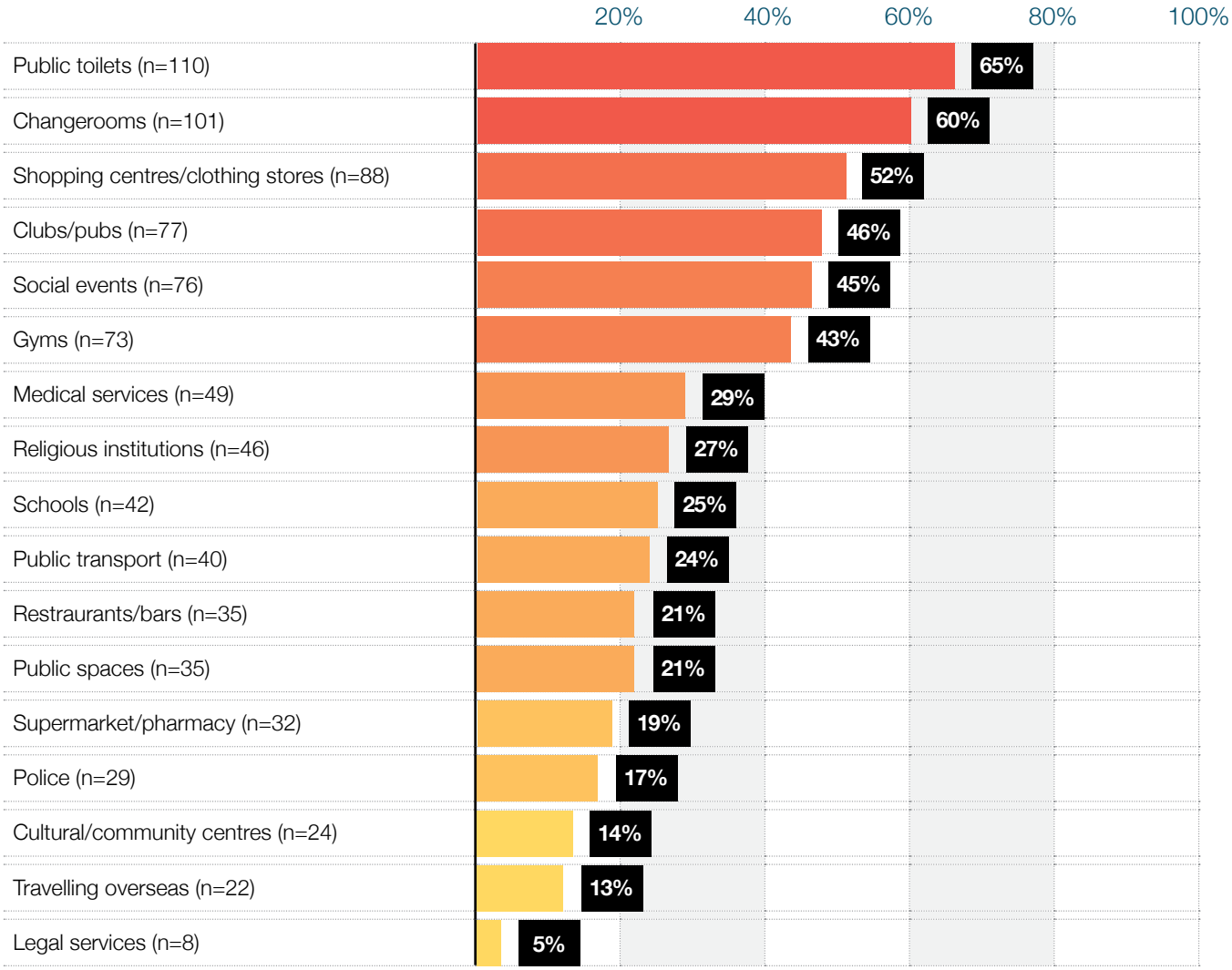


The most common place to experience verbal or physical abuse was on the street (40%, n=73), closely followed by at school (38%, n=64), and on public transport (31%, n=55). One in five young people told us that they avoided public transport due to feeling unsafe from abuse and harassment. One quarter (25%, n=43) had experienced verbal or physical abuse at home or at a social occasion. One gender queer young person (20yrs) detailed the verbal abuse that they experienced from family:

> *My dad called queer people "fudge packers" and "pillow biters" in front of me, along with stating they weren't ordinary people, even though I wore a shirt earlier (and showed him the shirt) identifying me as queer. My brother constantly refuses to call me by my preferred name (which is actually my legal name now) because I'm "not a girl" as he has frequently reminded me. My sister is good with my trans stuff and uses my preferred name and pronouns but my other siblings, and other extended family, still call me by my old name.*

PLACES PARTICIPANTS AVOIDED

DUE TO NOT CONFORMING TO GENDER STEREOTYPES



Abuse and discrimination of transgender and gender diverse people can occur because they do not visibly conform to strict notions of man/woman, or if they are 'outed' or their gender status is known. We asked the young people to nominate which places and spaces they avoided because of their gender non-conformity. Participants were most likely to tell us that they avoided public toilets (65%, n=110). This is of concern considering the human need for these facilities and the impact that avoiding such places can have on young people both physiologically and psychologically (when they feel unable to access places such as cinemas). Understandably, change rooms and shopping centres/clothes store were also places that many of the young people avoided (60%, n=101 and 52%, n=88, respectively). Forty-six per cent (n=77) avoided pubs and clubs. Given that alcohol consumption can be a contributing factor to the occurrence of violence (including race-based and gender-based violence), avoiding such places may be a protective measure taken by the young people. While at first glance it looks encouraging that only 5% (n=8) of the young people avoided legal services because of their gender presentation, it is not known if this relatively small number is due to the young age of the participants and their current lack of requirement for such services. This may also be the case in regard to the young people avoiding police (17%, n=29).

Impacts of Abuse

While the correlations between abuse and mental health are explored in greater detail on page 62, it is important to note that the young people who had experienced physical and/or verbal abuse had a higher risk of suicidal thoughts, suicide attempts and forms of self-harm; for example, ninety-two per cent (n=32) of the young people who had experienced physical abuse had thought about suicide due to the discrimination and harassment that they had experienced. Further, young people who had not experienced physical or verbal abuse told us how they changed their behaviour to avoid abuse. One interview participant, Charlie (genderqueer, 20yrs) said,

> *I choose to hide my identity because I fear that [abuse]. My family told me that "it's okay to be a lesbian as long as you don't act like a man". Thus, the hiding. The fear of discrimination used to make me think that I was wrong, or maybe it still does.*

Addressing Abuse

Some young people described how they had made statements to the police about their experiences of either physical or verbal abuse, but did not feel as though they were taken seriously or offered any form of protection. One young trans man (20yrs) who sustained a black eye due to being "hit repeatedly at uni [university]" went to the police and made a statement but felt that "not much was done by them". Tellingly, 17% of the young people told us that they avoided the police due to their gender presentation.

Much of the physical, emotional, verbal, sexual and other types of abuse that gender diverse and transgender young people experience results from rigid stereotypes about gender. Broad-level public health campaigns designed to positively represent gender diversity may begin to address these issues. Local councils may include action plans to decrease violence and discrimination against gender diverse and transgender people in their communities. Actions may include auditing promotional materials to ensure that there is fair representation of gender diverse and transgender people or organising awareness raising activities. Previous research has shown that policy protection in schools can and does make an impact on abuse rates (Jones & Hillier, 2013); similar top-down policy approaches can be applied to the various public spaces (the street, public transport) where abuse occurs .

Jasmine

20 years old girl / woman

My ideal world is where my past, having been born male, has no implication on my life. That what friends and relationships I have either do not have any reason to know, or do know but are able to put that in the past and love me for who I am.

I will have completed my transition, and reduced my personal issues with gender and self-image from small, to negligible.

I will be successful in my career and hopefully start a family of my own at some point.

Mars

17 years old trans*

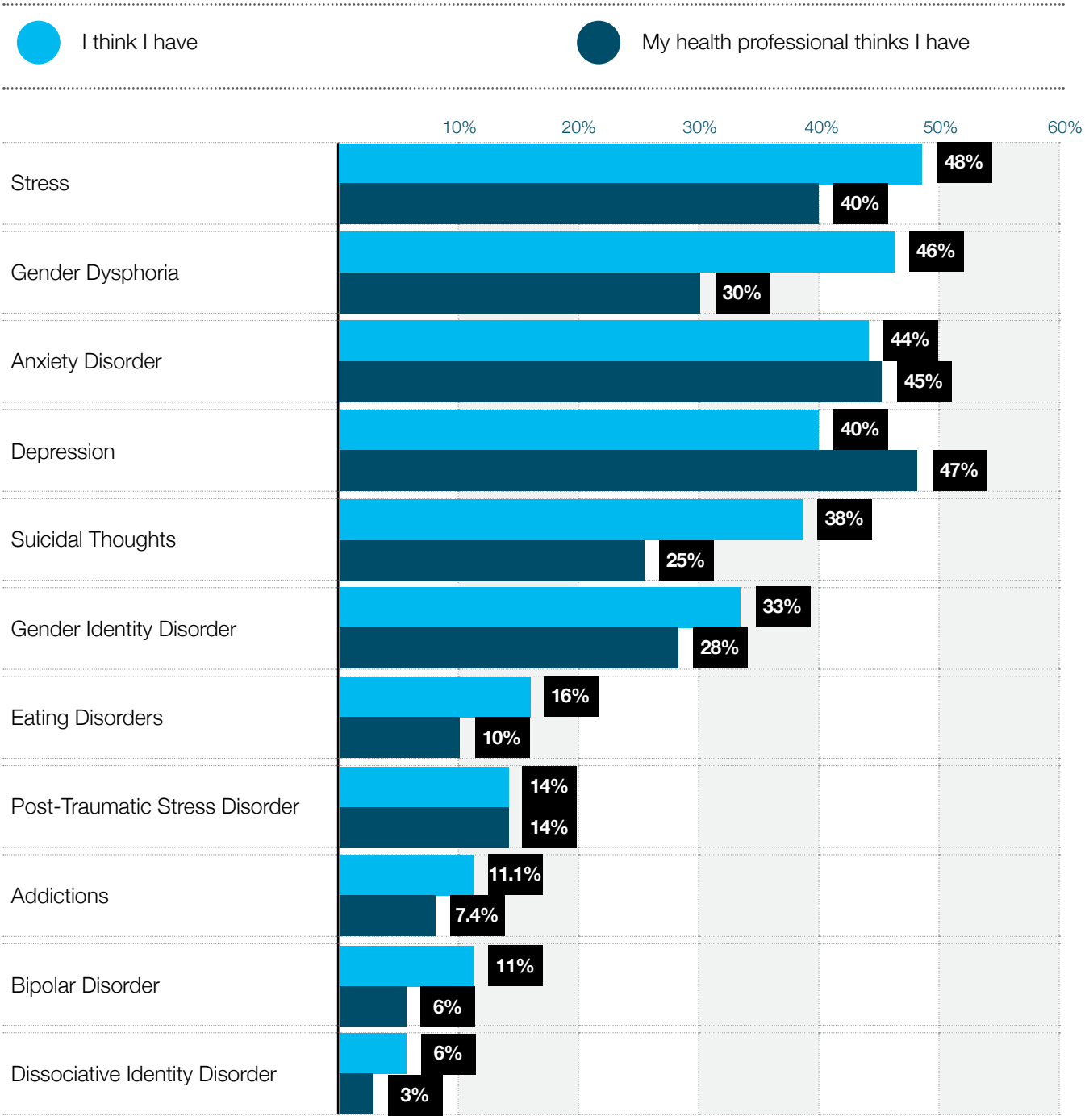
I hope that one day me, and those like me, will no longer feel shame about our identities. That the world can somehow wake up and recognize the beauty in diversity and learn to value the full spectrum of it.

I want to reach a place where I will no longer feel that because I'm trans* doors are automatically closed to me, that I shouldn't even try. One day the things we hear about kids being kicked out, about people in South Africa, Russia and so many parts of the world being bashed, being killed for their identity will no longer occur. I want to feel I am not an idealist for wishing this.

Chapter 9: Mental health

CURRENT MENTAL HEALTH CONDITIONS

(n=188)



Gender diverse and transgender individuals are more likely to experience mental health conditions than the general population (Bradford, Reisner, Honnold, & Xavier, 2012; Conron, Scott, Stowell, & Landers, 2012; Lenning & Buist, 2013; Jay McNeil, Louis Bailey, Sonja Ellis, James Morton, & Maeve Regan, 2012). Research in New Zealand (Clark et al., 2014) found that gender diverse and transgender young people were four times as likely as the cisgender young people to experience significant depressive symptoms (41% compared to 12%).

Despite these high levels of depression, research has also found that amongst transgender and gender diverse people there is a reluctance to seek medical advice and assistance (McNeil et al., 2012). Due to these previous findings, we were interested in exploring whether this was also the case for young people in Australia. In order to explore this, we asked the young people to select whether they felt and/or had been told that they had a range of mental health conditions.

Stress

Stress was the most common mental health condition nominated by participants (48%) and the majority of these young people had spoken to a health professional about this (40%). Stress is a broad term that is used to describe mental or emotional strain and can be related to particular circumstances such as work-stress, unemployment, and minority status, for example. The concept of minority status is useful for examining the effects that socio-economic stressors, linked to social bias (such as difficulty finding work or housing), can have on individuals' levels of stress (Levitt & Ippolito, 2014). We asked participants if they would like to tell us what they think would improve their mental health and some of the participants mentioned external circumstances such as "to not be struggling to find housing and work at the very least" (girl/woman, 20yrs).

Anxiety and depression

There was a high rate of anxiety disorders amongst participants with 44% indicating that they felt they had anxiety and 45% who had been diagnosed with anxiety. This is much higher than the general Australian population where on average one in four (25%) Australians will experience anxiety at some point in their lifetime (beyondblue). The young people in this research were also more likely to tell us that they had depression than the average for Australian young people aged between 16 and 24 years (which are estimated at 6-7% in any given year) (Headspace).

Gender Dysphoria and Gender Identity Disorder

Gender Dysphoria, (formally termed Gender Identity Disorder in the DSM IV) is considered to be a psychiatric condition that causes individuals to identify with a gender other than the one they were assigned at birth. The change in terminology in the latest DSM aimed to reduce the viewing of gender diverse and transgender people through a pathological lens and thus decreasing stigmatisation. For young people who are assigned one sex and identify with the 'opposite' gender, having a diagnosis is a pathway to medical interventions, or, for some, to government-funded medical care. In light of this context, it is not surprising that young people were more likely to tell us that they experienced Gender Dysphoria (46%) or its earlier counterpart, Gender Identity Disorder (33%), than they were to tell us that they had a diagnosis from a health professional (27% and 30% respectively).

The young people described what gender dysphoria felt like to them in various open-ended survey responses. One young FTM person (17yrs) who, when asked what they thought might improve their mental health, said, "I get really bad gender dysphoria, especially given that my body is so curvaceous yet I still have good muscle mass. Hopefully surgery and hormones can change that". Fifteen year old Alex, who participated in an interview and described their gender identity as agender, explained the measures that they took to reduce feelings of dysphoria including: "It's awful, I've started just labelling things with my last name to avoid first name-related dysphoria but even that seems kind of weird, people only see me as female, and I have to wear a very gross, very feminine uniform". When asked what transitioning meant to them, another young boy/man (21yrs) described what gender dysphoria felt like to him:

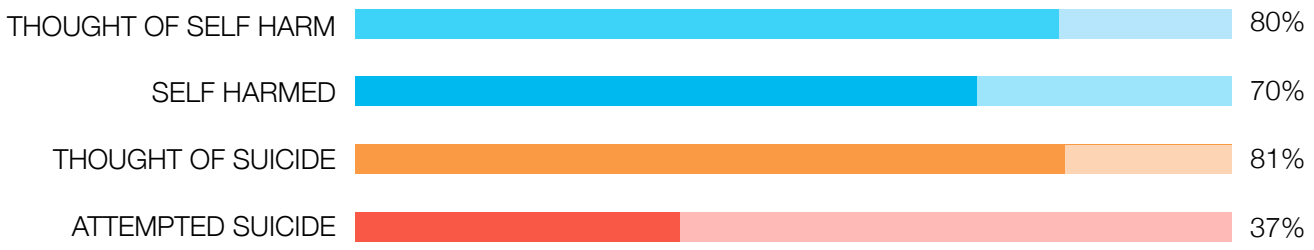
Pre medical transition, dysphoria was hell; not just insecurity, but panic attacks, deep depression, and what I can only describe as a physical feeling that I was not meant to exist in that form.

Substance use

11% of the young people told us that they felt they had addictions and 7% indicated that they had spoken to a health professional about this. While this is comparable to estimates of addiction among the general population of young people in Australia (Lea, de Wit, & Reynolds, 2014), another question in the survey suggests that drug and alcohol use may be much higher. We asked participants if they took illegal drugs to help them feel better, with 23% (n=40) telling us that they did. Further, twenty-six per cent (n=45) of the young people told us that they smoked cigarettes and almost half of the young people (48%, n=82) told us that they drank alcohol to help themselves feel better.

SELF HARM AND SUICIDE ATTEMPTS

OF YOUNG PEOPLE WHO HAD EXPERIENCED ABUSE, HARRASSEMENT OR DISCRIMINATION (n=128)



Many studies reveal the alarming rates of suicide and self-harm risks that these populations face, underscoring the urgency of further research into positive strategies required for mental health interventions and social/institutional provisions (Grant JM et al., 2011). In this current research, we asked participants if they had experienced any of four negative health outcomes (thoughts about self-harm, self-harm, suicidal thoughts, and suicide attempts) specifically due to harassment, discrimination, and/or abuse. Only young people who had previously indicated that they had been harassed, discriminated against or abused because of their gender identity and/or presentation were asked this question and within the context of these experiences. This means that the young people were asked to think about the link between these negative health outcomes and experiences of abuse, discrimination, and harassment. One hundred and twenty-eight participants (68%) answered these questions, all of whom had experienced abuse or harassment of some kind. Only 11% of the young people who answered this question chose 'none of the above', and 1% did not want to answer this question.

Eighty-one per cent (n=104) of the 128 young people who had experienced abuse and/or discrimination due to their gender expression had thought about suicide and 37% had made suicide attempts. Eighty per cent of this same cohort had thought about self-harm and 70% had harmed themselves. In a separate question, we asked the young people if they self-harmed in order to feel better. Thirty-six per cent (n=63) of the young people who answered this question told us that they felt at least somewhat better to completely better. Four per cent felt about the same and 11% felt worse.

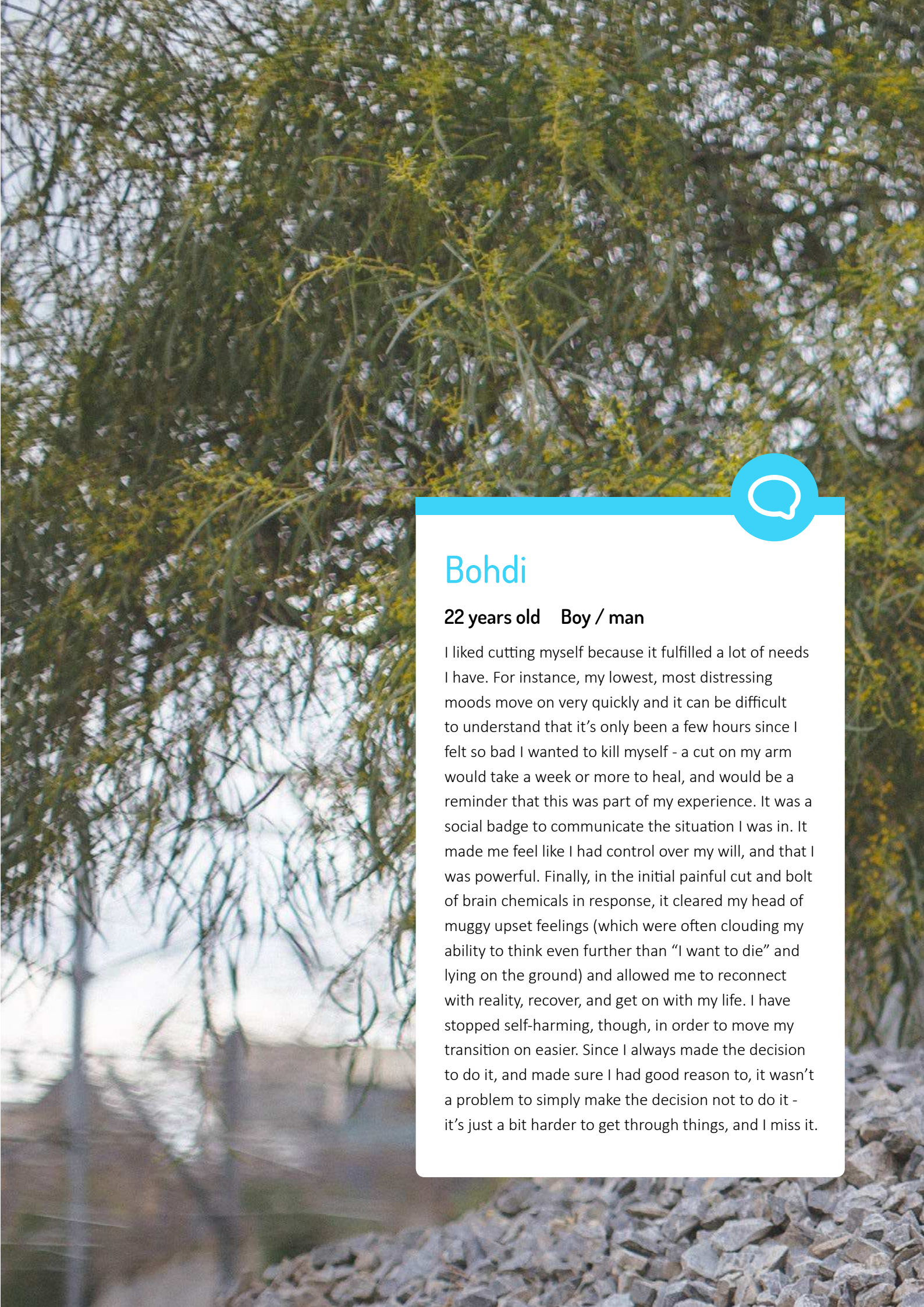
Over fifty young people provided qualitative text about their suicidal thoughts and attempts, and about their experiences of self harming thoughts and behaviours. For some of the young people, these were related to their struggles with gender identity; for example, one boy/man (19yrs), responded: "What's to tell, if I could have cut off the offending parts I would have", and another boy/man (21yrs) told us: "at 13, I tried to stop the feminisation of my chest by burning it with a lighter. I don't actually classify this as self-harm, because the aim wasn't to hurt myself; it was to fix what I perceived as a legitimate physical defect". Other young people explained that they did not think that their suicidality and self-harm thoughts and behaviours were linked to their gender identity, one gender-fluid young person (24yrs) for example attributing this to "anxiety and PTSD [rather] than distress over my gender identity and expression".

One girl/woman (21yrs) described how family support had made a difference to her suicidality: "I used to think a lot about suicide, but since my mother and father started supporting me I've not thought of suicide in a long time". While support from family and friends had a positive impact on the young people, non-supportive and sometimes abusive parental behaviour increased self-harming thoughts and behaviours, such as in the case of one gender-queer young person (23yrs) who explained the emotional and verbal abuse that they experienced from their family:

> *I experienced very severe emotional abuse at home, including my father suggesting I should kill myself if things got too hard. During these times I was very suicidal, and often had the urge to self-harm, especially to cut myself, although another part of me didn't want to and I didn't. I used to hit myself though. There was sometimes a queerphobic undertone to my father's emotional abuse.*

For other young people, suicidality and self-harm thoughts and behaviours were linked to a desire for social and/or medical transition. One young FTM (16yrs) for instance explained that he had "attempted suicide the first time when I was 12, and have felt suicidal on and off for the years since. I have been a bit better recently, since I have fully transitioned socially". Another young trans man who participated in an interview, Kenny, (22yrs) explained how thoughts about society and broader political trends affected how he felt about the future:

> *More so during high school days, I've done a lot in the past few years that has developed me into a resilient adult and it takes a lot more to bring me down to feel suicidal but sometimes it happens when I see no options about how society is going to improve when we have capitalist governments, fascists and religious bigots in the world and Aus.*



Bohdi

22 years old Boy / man

I liked cutting myself because it fulfilled a lot of needs I have. For instance, my lowest, most distressing moods move on very quickly and it can be difficult to understand that it's only been a few hours since I felt so bad I wanted to kill myself - a cut on my arm would take a week or more to heal, and would be a reminder that this was part of my experience. It was a social badge to communicate the situation I was in. It made me feel like I had control over my will, and that I was powerful. Finally, in the initial painful cut and bolt of brain chemicals in response, it cleared my head of muggy upset feelings (which were often clouding my ability to think even further than "I want to die" and lying on the ground) and allowed me to reconnect with reality, recover, and get on with my life. I have stopped self-harming, though, in order to move my transition on easier. Since I always made the decision to do it, and made sure I had good reason to, it wasn't a problem to simply make the decision not to do it - it's just a bit harder to get through things, and I miss it.

Chapter 10: Mental health professionals

- 66% of the young people had seen a health professional for their mental health in the twelve months prior to taking the survey.
- 60% of these same young people were satisfied overall with their mental health care experiences in the previous twelve months.
- 30% of the participants had chosen not see a mental health professional at some point due to a past negative experience.

As is evident from the high rates of mental health conditions and self-harming behaviours explored in the previous chapter, young people's access to mental health professionals is crucial for keeping them well and alive; however, the discrimination and lack of knowledge about gender diversity and transgender issues that exists in the broader community can also be seen in health care settings creating a barrier for young people. Previous research has shown that factors such as transphobia, lack of knowledge about gender diverse and transgender young people, and a lack of institutional policies about appropriateness in health care settings, are barriers for gender diverse and transgender people accessing health care (Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012). In order to explore this, we asked the young people about their experiences of mental health care in Australia and what constituted appropriate and inappropriate care for them.

Satisfaction and engagement with mental health professionals

Sixty-six per cent (n=123) of the young people had seen a health professional for their mental health in the twelve months prior to completing the survey. This is higher than the estimated percentage in the general population (30%) who seek professional help for mental health issues in any given year (Australian Government). This result may be skewed, however, due to regulations in many states and territories stipulating that individuals seeking medical interventions, such as hormones or surgery, require a diagnosis of gender dysphoria before access is granted.

Of the 123 young people who had seen a mental health professional in the previous twelve months, 60% told us that they were either mostly satisfied or very satisfied with their experiences, while a further 17% were neither satisfied nor unsatisfied. Fifteen per cent of the young people were dissatisfied overall or very dissatisfied with their experiences with mental health professionals in the previous twelve months; however, it needs to be noted that what constitutes a satisfactory experience for one individual may be unsatisfactory for another; for example, an individual may feel that the experience was satisfactory because they received what they sought from the mental health professional (i.e. medication, or approval for hormones), whereas another individual may feel dissatisfied with the experience due to the way that the health professional responded to them.

Ideal Interactions

The young people told us that they had had better mental health care experiences when the professional was knowledgeable about gender diverse and transgender health care. One genderqueer young person (20yrs) explained that they felt lucky because they had found a "wonderful psychologist who is a passionate feminist and is very empathetic and also extremely knowledgeable on gender and/or sexuality issues". Another genderqueer young person (23yrs) told us how their university provided access to a "queer counsellor" and that, "it is the first time I have ever had queer-specific mental health services accessible to me, and I am finding them very helpful" (genderqueer, 23yrs). For another young person (18yrs), having a therapist who

is “understanding, accepting, competent and helpful” stood out from other mental health professionals who may only focus on the mental condition instead of on the whole person. For this same young person their “depression was diagnosed and treated effectively” but the “experience or knowledge” was lacking.

For young people who identify as gender diverse, finding health professionals who are aware of, accepting, and knowledgeable about the dynamic spectrum of gender identities may be even more difficult; however, given the rise in rates of young people who are identifying with these diverse genders, it is important that health professionals are equipped to provide health care that takes into account each individual’s gender identity(ies) (Bockting, Robinson, Benner, & Scheltema, 2004). The lack of understanding about this diversity is illustrated in the following quote from a survey participant:

> *I briefly visited [organisation’s name removed] to discuss my feelings regarding my gender, and to explore the relevance of a Gender Identity Disorder diagnosis. Whilst helpful, I found the particular psychiatrist I was seen by not terribly well-versed in the diversity of transgender identity - with surprise and a sense of intrigue he declared “you don’t seem really like you have GID (i.e. you don’t 100% strongly and consistently identify with the gender opposite to your sex at birth), it’s sort of like you’re gender-bisexual!” He did, however, attempt to link me in with an LGBTI support group and offered otherwise good advice.*

Educating the Professional

Young gender diverse and transgender people often find themselves in the position of educating the health professional; this was raised by many of the young people in this research. One Brotherboy (20yrs) told us that “for the most part I felt as if I were educating them on the issue”. Sometimes a mental health professional’s lack of knowledge resulted in them asking questions that were deemed to be inappropriately curious or dismissive of what the young person was telling them. One androgynous young person (16yrs) described an experience in which the health professional “didn’t seem to know what they were doing, had never heard of non-binary sex, and kept doubting what I said”.

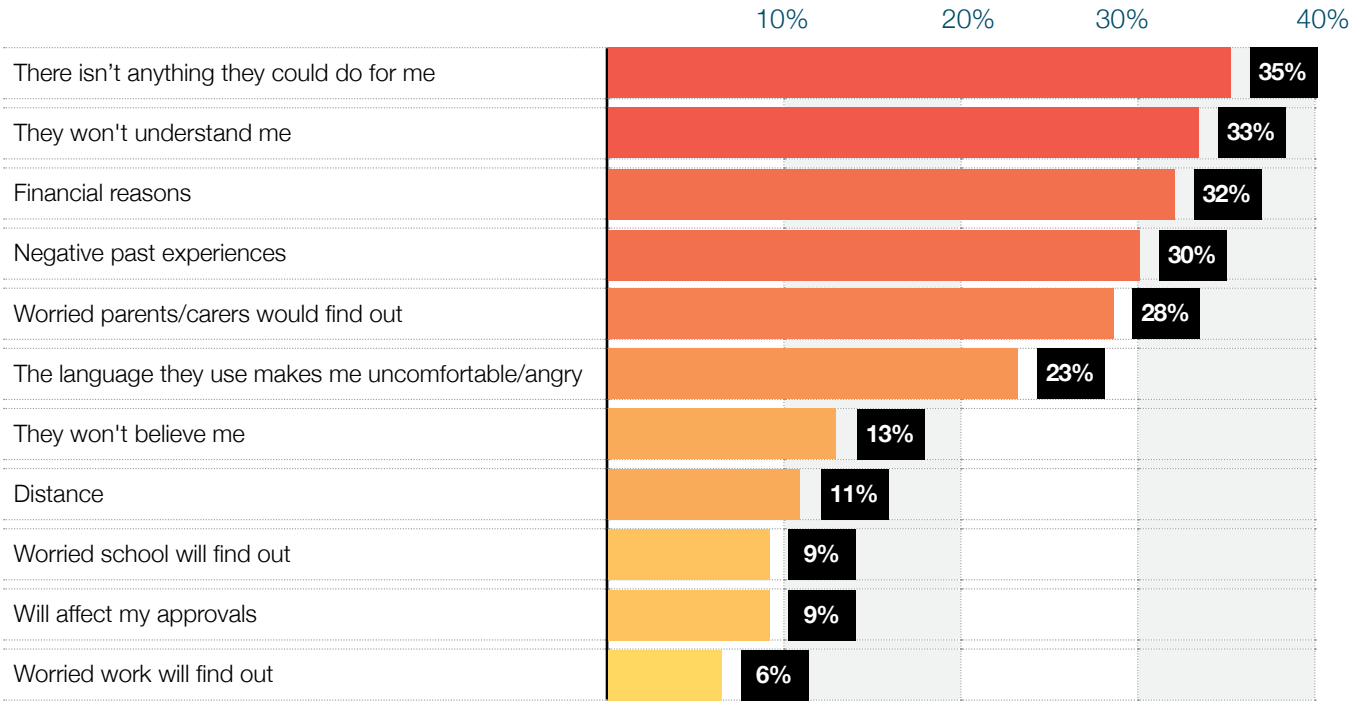
However, when this lack of knowledge was recognised by the health professional who could then direct the young person to someone more suitable, the young person was likely to feel respected and acknowledged, as one young trans boy/man (22yrs) explained:

> *While the counsellor I initially saw admitted that transgender identity wasn’t an area she was familiar with she gave me contact information for a GP who she knew could help me. I have a lot of respect for this counsellor as I’d rather someone admit they don’t know enough and send me to someone who can help.*

While an obvious way forward would be to include gender diversity and transgender training for medical and other health professional students, having a specialist service for gender diverse and transgender mental health care needs may help to fill this gap in the interim. As one young trans man (22yrs) told us: “there needs to be specialist counselling for trans people … and for intersex and Aboriginal Sistergirls”.

REASONS FOR NOT SEEING A HEALTH CARE PROFESSIONAL

(n=188)



Avoiding mental health professionals

While a large percentage of the young people had seen a mental health professional in the previous twelve months (66%), in response to another question only 13% (n=23) of the total sample told us that they always sought mental health assistance from health professionals, while 10% (n=15) said that they had never had mental health issues. The remaining 77% of participants nominated at least one reason for not consulting health professionals about their mental health in the past. Many young people felt that a health professional wouldn't be able to do anything for them (35%, n=61) and that they wouldn't be understood (33%, n=57). One trans* young person (25yrs) explained that they have avoided health professionals because "they will discriminate against me and it will make me very upset". Rather than seeking professional help, a few participants told us that they could 'fix' themselves, such as one agender young person (25yrs) who said, "I believe [in] personal accountability and as such have not sought diagnosis".

Another trans* participant (22yrs) explained: "I know what's wrong with me and I know what would fix it. I will fix it myself because they can't understand exactly". Parents were also an obstruction to professional mental health care for many of the participants. Twenty-eight per cent (n=44) indicated that they had avoided seeking professional help for mental health issues due to their concern that their parents would find out. For one 16 year old, their parent denied them the money to seek professional help because they did not think that they were in need of it, while another 16 year old told us that their parents "have blocked me from seeing a HP [health professional] at all for the past few years".

Thirty percent (n=53) of all participants indicated that negative past experiences with health professionals had prevented them from seeking mental health care. This may account for some of the 34% (n=65) of participants who had not seen a mental health professional in the previous twelve months. The young people described negative experiences that they had had with mental health professionals which included: the language that they

used, not feeling validated or listened to, and deliberately and consistently being misgendered (i.e. the use of the wrong pronoun or name).

Twenty-three per cent (n=43) of the young people indicated that the language that health professionals used to describe them made them feel uncomfortable or angry; for example, a 14 year old, genderqueer young person felt uncomfortable when health professionals would trivialise their concerns by saying things like, "it's probably just 'girly' problems you [will] grow out of it, it just make[s] me feel uncomfortable'. Another genderqueer young person (23yrs) described three separate encounters where their consent, confidentiality, and autonomy to explain their gender in their own way was denied or abused:

> *The first doctor I made mention of my gender identity to, locked me in her office alone and left to consult with every other doctor in the surgery about what to do without my consent, my GP brought up my gender identity in front of my mother without having ever spoken to me about it (and not knowing if I had ever spoken to her about it) and a psychologist told me that there was no such thing as a non-binary identity and I was either just a tomboy or possibly a transman, but only if I had been born in some way intersex.*

One trans girl/woman (21yrs) described an experience where a health professional was insisting on fitting this young woman's experiences into a framework of past childhood trauma:

> *Psychiatrist that cost nearly $150 and 5 minutes in he said he didn't believe in trans problems and that they most likely stemmed from childhood trauma. That was the most awkward thing I've ever dealt with as he kept trying to convince me something happened in childhood (it didn't) and I never went back.*

The financial cost of mental health professionals was prohibitive for almost a third of the young people (32%, n=32). As one young boy/man (24yrs) commented: "mental health professionals especially—they are overpriced. I feel like they don't actually care or want to help you, they just have to sit there for an hour to get $200 from you. It feels like a slap in the face when you see their BMWs parked out the front".

Negative Experiences

Fifty-three per cent of participants had had a negative experience with a health professional during their lifetime. The flow-on effects of these experiences included: 22% (n=42) avoiding health professionals for a while, and another 11% (n=20) choosing not to see health professionals at all. Only 6% (n=11) of all participants told us that they had made a complaint. Of those who did complain, the outcome was not always desirable, such as in the case of one young boy/man (20yrs) who explained that, in response to his complaint, "they raised their voice at me and blamed it on me". After a lack of action following their complaint, a MTF young person told us that this was "extremely disempowering and disturbing" and that they "deeply regret ever dealing with them".

Only half of the young people (n=91) stopped seeing that particular health professional after a negative experience, leaving 50% who did not choose this response. Eleven per cent (n=21) chose not to complain for fear that it would affect their approval for medical transition procedures and/or hormones. One young man/boy (15yrs) explained: "I bit my tongue, because it's the frigging coordinator of my medical transition". He went on to tell us, however, that due to this person's unprofessional manner, and the fact that other gender diverse and transgender young people see this particular health professional, next time he would try to say something:

[I] made a promise to myself that I would correct her next time it happened, because messing up my pronouns and gender, and just failing to grasp any of the problems a transgender teenager might experience is pretty bad when it's what I'm there to see her for, and what if she treats another kid? So I'm going to correct her next time she stuffs up, bugger the approvals (the other docs like me, anyway).

Chloe

18 years old Girl / woman

The first time I saw my current psychiatrist about gender dysphoria, I felt like I was being attacked by him. He was asking intrusive, pointed questions in irrelevant areas (mostly about crossdressing; I've never done it), and even when I told him I didn't see how they were relevant, he kept asking. I felt like with some of his questions he was trying to evaluate how much I sounded like a stereotypical sexist idea of a woman and use that to see whether I deserved treatment or not.

I didn't complain because I had so much trouble getting a single appointment that it seemed like I didn't have the option of going elsewhere. If I complained, or said anything he didn't like really, he had the power to deny me treatment and then I would have had to find another way to get treatment. It would have been possible, but difficult.

So I stayed quiet and came back for a second appointment, which was luckily much better. The second time he was much less confrontational, and actually asked relevant and useful questions.

The fact that it has been this difficult to get to the point of even being able to get HRT is ridiculous, and my experience with this particular professional is a lucky one according to many trans people. I'm set to get HRT as soon as the 3-month-period is up. Some people report much longer times. This truly is a horrendous situation, that my frankly dismal experience is relatively good in comparison.

TRANS
RIGHTS
NOW

Chapter 11: Protective factors, activism, and knowledge

- ↗ Young people with supportive parents fared better on a range of indicators, including better mental health and access to mental health professionals.
- ↗ 1 in 3 participants did not feel supported by their family.
- ↗ 62% of young people told us that they became involved in activism to help them feel better.
- ↗ 98% of participants found websites to be an important source of information.

Feeling Better

This research has supported and built upon previous research by looking at the experiences of abuse and discrimination, high rates of mental illness, suicidality and self-harm in the gender diverse and transgender communities. To add to this data, we went further in also investigating how young people personally employed strategies to lift themselves up when they were feeling down. To do so, we asked them to indicate which activities made them feel better, and which made them feel worse. Finding ways to deal with emotions as they were happening was important for many participants. Music, for example, was nominated as a useful way to shift thoughts/feelings or express them. Ninety per cent (n=161) of the 180 young people who answered this question told us that they felt at least a bit better after listening to music. One trans* young person (25yrs) explained: "listening to music helps me let out my emotions, so first I might be more down, but then I am more up" and a transgender woman (21yrs) explained: "fast quick happy music also helps cheer me up if I'm feeling bad for some reason".

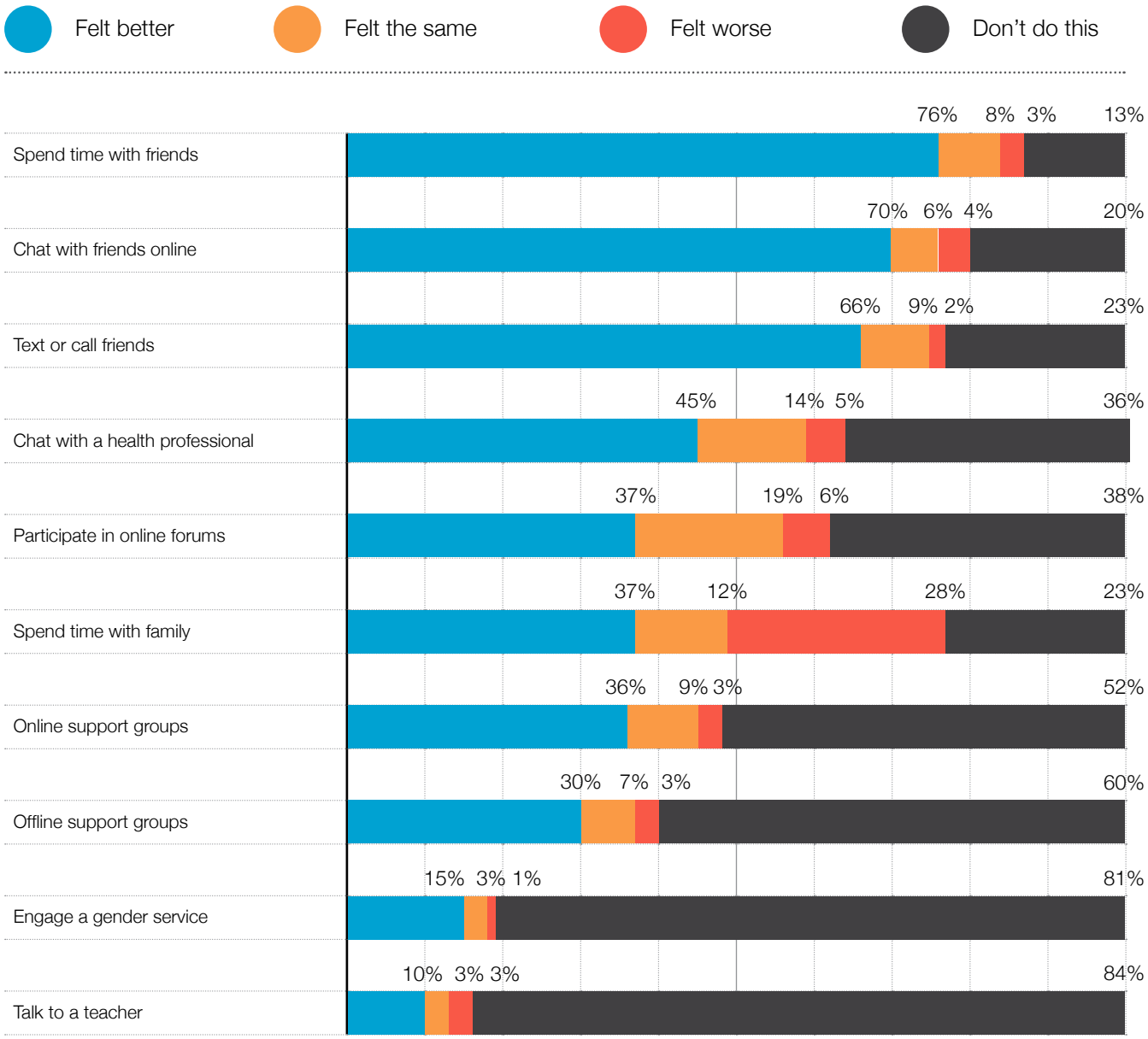
Spending time with friends helped 77% (n=134) of the participants to feel better, with many of the young people describing how having supportive people in their lives reminded them that they were loved and worthwhile. One young boy/man (17yrs) told us how "supportive friends who know everything" about him help him to see that he "shouldn't be feeling down about something because it's just a little bit silly". A genderqueer young person (20yrs) explained how friends helped to make them feel loved and valued, in turn helping to negate the effects of abuse and harassment:

> *Being around those who are positive influences in my life, my chosen family so to speak, makes me feel a lot better. Just because a drunk, cisgendered, male wants to beat my head in with his fist, does not mean I deserve this. Friends, art, and various other things remind me that I am valid, even if my gender is very much grey.*

SOCIAL ACTIVITIES AND PEOPLE ENGAGED TO FEEL BETTER

AND THE IMPACT ON PARTICIPANTS

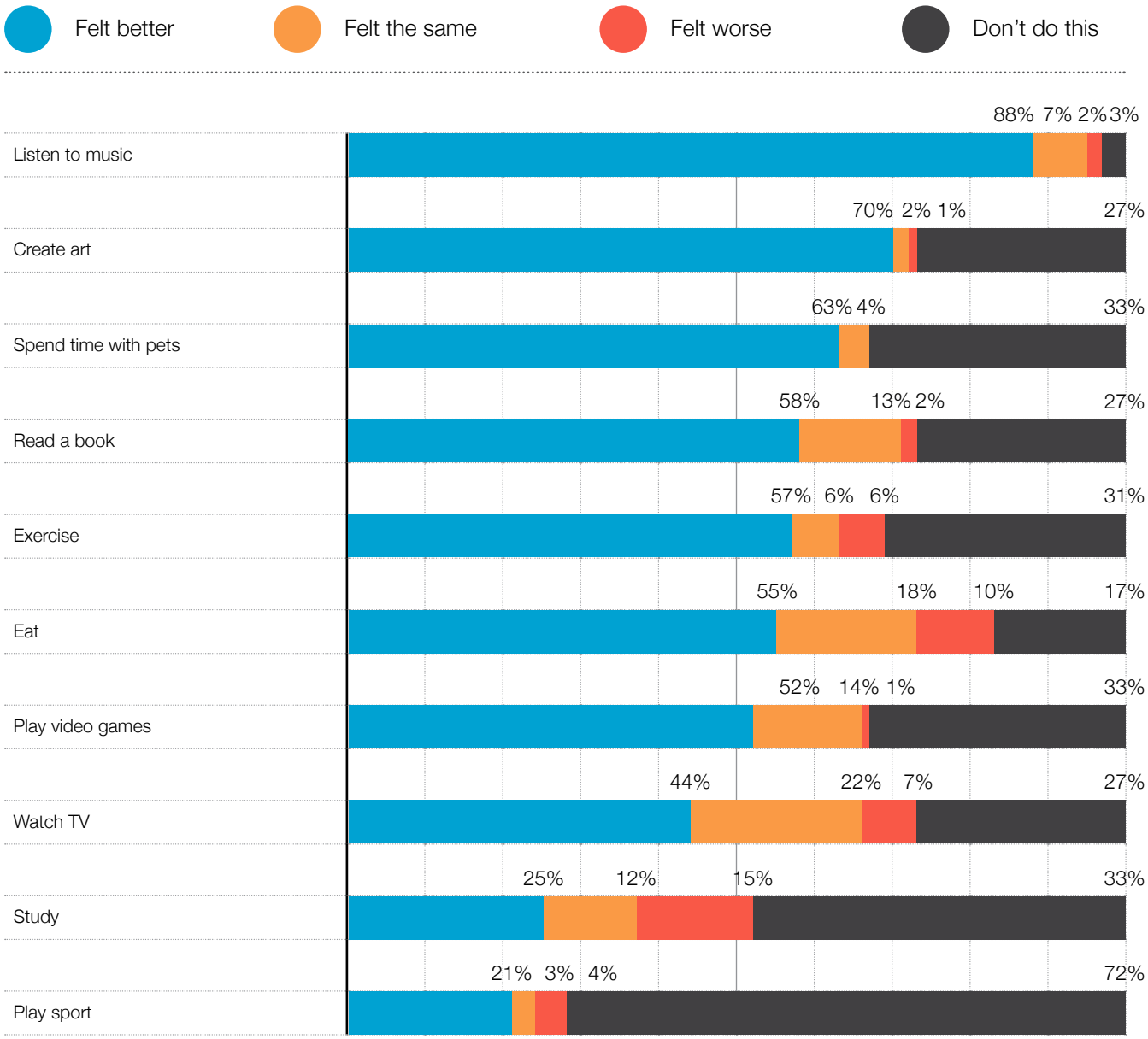
(n=189)



RECREATIONAL ACTIVITIES ENGAGED TO FEEL BETTER

AND THE IMPACT ON PARTICIPANTS

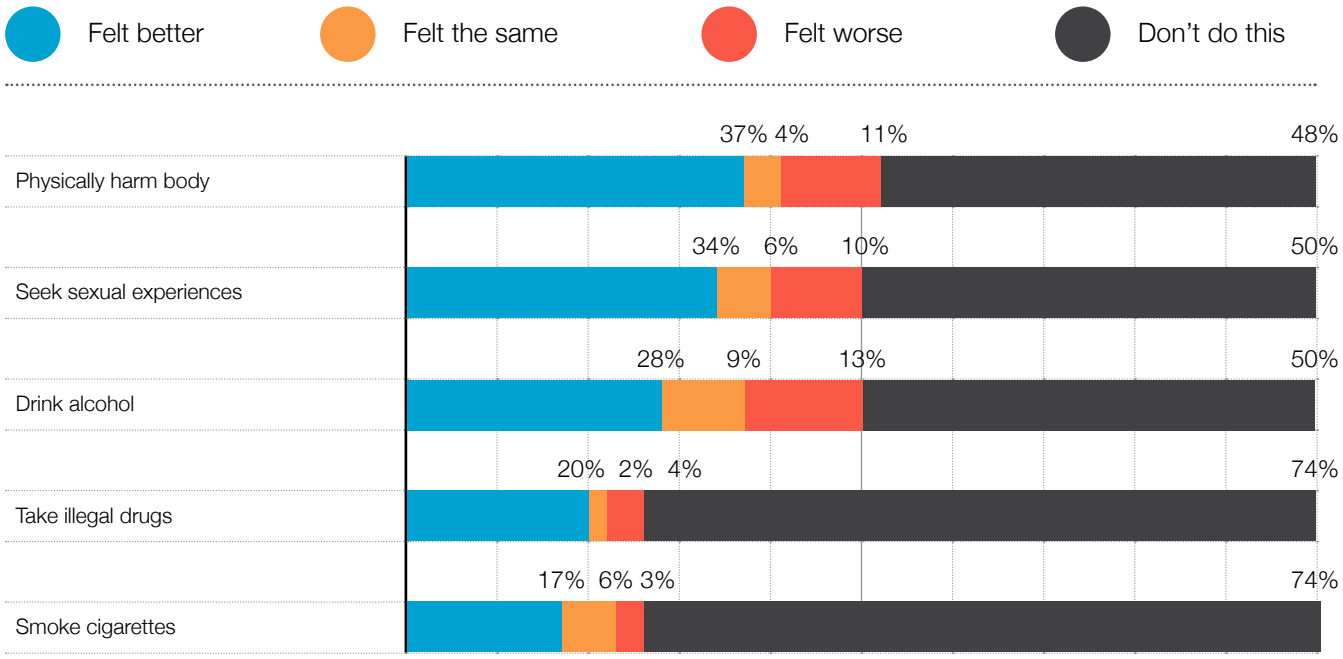
(n=189)



OTHER ACTIVITIES ENGAGED TO FEEL BETTER

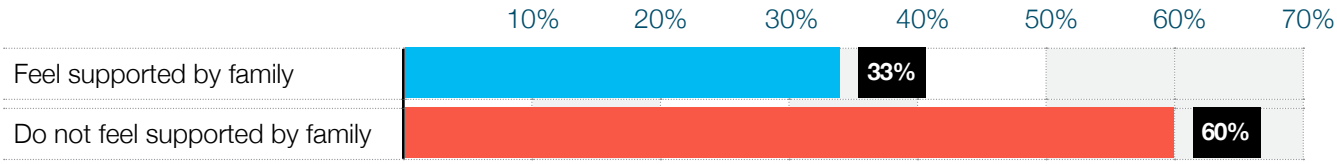
AND THE IMPACT ON PARTICIPANTS

(n=189)



LEVELS OF FAMILY SUPPORT

OF PARTICIPANTS WHO IDENTIFIED WITH HAVING DEPRESSION



Parents and Families

Parents and families play a vital role in fostering the wellbeing of gender diverse and transgender young people (Lindner, 2014). Family rejection has been found to increase the risk of suicide and poor mental health of these young people (Arnold H. Grossman, D'Augelli, Howell, & Hubbard, 2005). Parents and carers may also be verbally or physical abusive, or ignore, or disengage from their gender diverse and transgender children (Grant et al., 2011). While information, support groups and resources for parents with gender diverse or transgender children are available (for example, Transcend, transfamily, Families like mine, True colours, and FTM Australia, amongst others), the degree to which gender stereotypes and norms are embedded at familial, societal and institutional levels can contribute to parents' reactions, disengagement and abuse (Arnold H. Grossman et al., 2005). It is also worth noting that the stress or discrimination experienced by gender diverse and transgender young people may not be shared by their families, and therefore be potentially harder for them to understand (e.g. compared to racism which may be experienced by multiple members of a family).

Parental support was a clear protective factor for the young people in this research. Young people who told us that their parents or carers were supportive (63%, n=116, of all young people) fared better on a number of indicators than the young people who did not feel that their parents were supportive (33%, n=60); for example, young people who had parental support were half as likely to tell us that they had suicidal thoughts (30% compared to 58%), and were twice as likely to see a health professional if they did have suicidal thoughts (32% compared to 16%). Young people who did not feel supported by their parents or carers were twice as likely to feel that they had depression compared to the young people who felt supported by their families (60% compared to 30%). Unsurprisingly, young people who did not feel supported by their parent or carers were more likely to have experienced harassment or abuse in the home (40% compared to 15%). One young boy/man (18yrs) explained: "my parents are not supportive and have told me that I'm no longer part of the family"; and a 14 year old trans girl/woman explained that her father "tries to say my feelings don't exist and insist it's something coming from past abuse".

One genderqueer young person (22yrs) told us about the support that they receive from their father. The picture that they paint stands in direct contrast with many of the distressing experiences that some of the other young people have had:

> *There's a forest right near my house where I walk and I like to go with my dad to vent. Being able to talk to him and being in such a nice place always helps.*

Activism

Previous research has found that transgender and gender diverse young people are more likely to be involved in activism (27%) than their cisgender same-sex attracted peers (12%) (L. Hillier et al., 2010b). One possible reason for this increased engagement in activism may be the higher levels of marginalisation and discrimination that these young people face (Jones & Hillier, 2013). The majority (91%, n=172) of participants in this current research had taken part in at least one activism activity. Sixty-two per cent explained that they became involved in activism because it was a means of being heard and of feeling better. One transgender young person (23yrs) told us: "I feel proactive, and that my voice is valued and worthwhile". A 17 year explained that activism made them feel like they were contributing to the state of the world and that this had a positive effect on how they felt about themselves:

> *I feel as though engaging in a positive action, something that adds to the world, lifts my spirits greatly and allows me to feel like a stronger and a better person.*

Over half of the young people indicated that they felt better about their gender identity (60%, n=114) when they participated in activism. Further, they had fun (57%, n=108), and it made them feel part of a community (55%, n=104). The participants were most likely to have 'liked' a Facebook page or other social media site (83%, n=139), signed a petition (80%, n=149), improved understanding through conversation (70%, n=123), or been part of a march or rally (52%, n=93). Significant numbers had even spoken at a march/rally (10%, n=18), or contributed to the organisation of a march/rally (9%, n=15). Nearly 30% (n=51) had created a blog, 20% (n=34) had uploaded a video to the Internet, and 22% (n=38) had written to a local member of parliament.

Young people gave a vast range of reasons for engaging in activism, many of which were related to an understanding that gender diverse and transgender young people need and want many improvements to society. In this way, for some, activism was seen as a responsibility. One young boy/man (21yrs) said that, for him, "activism is the rent I pay for living on Earth". Another young boy/man (20yrs) spoke about the tension he felt between knowing the importance of activism and just wanting to be a regular guy:

> *I'm in a strange state where I want nothing to do with the activism side—I'm happy to be a stealth, regular guy. But on the other hand, I have a deeply felt rage and sadness about the state of things, and a feeling of social responsibility to look after people who are marginalised in the same ways as I have been, and to improve things for them if I can. They seem to be mutually exclusive options—activism or stealth. One I hate because it means I can't just live as a normal guy—I always have to be 'trans', and I hate that. The other I hate because it means turning my back on people who really do need all the help they can get, when I'm in a position to really help change things.*

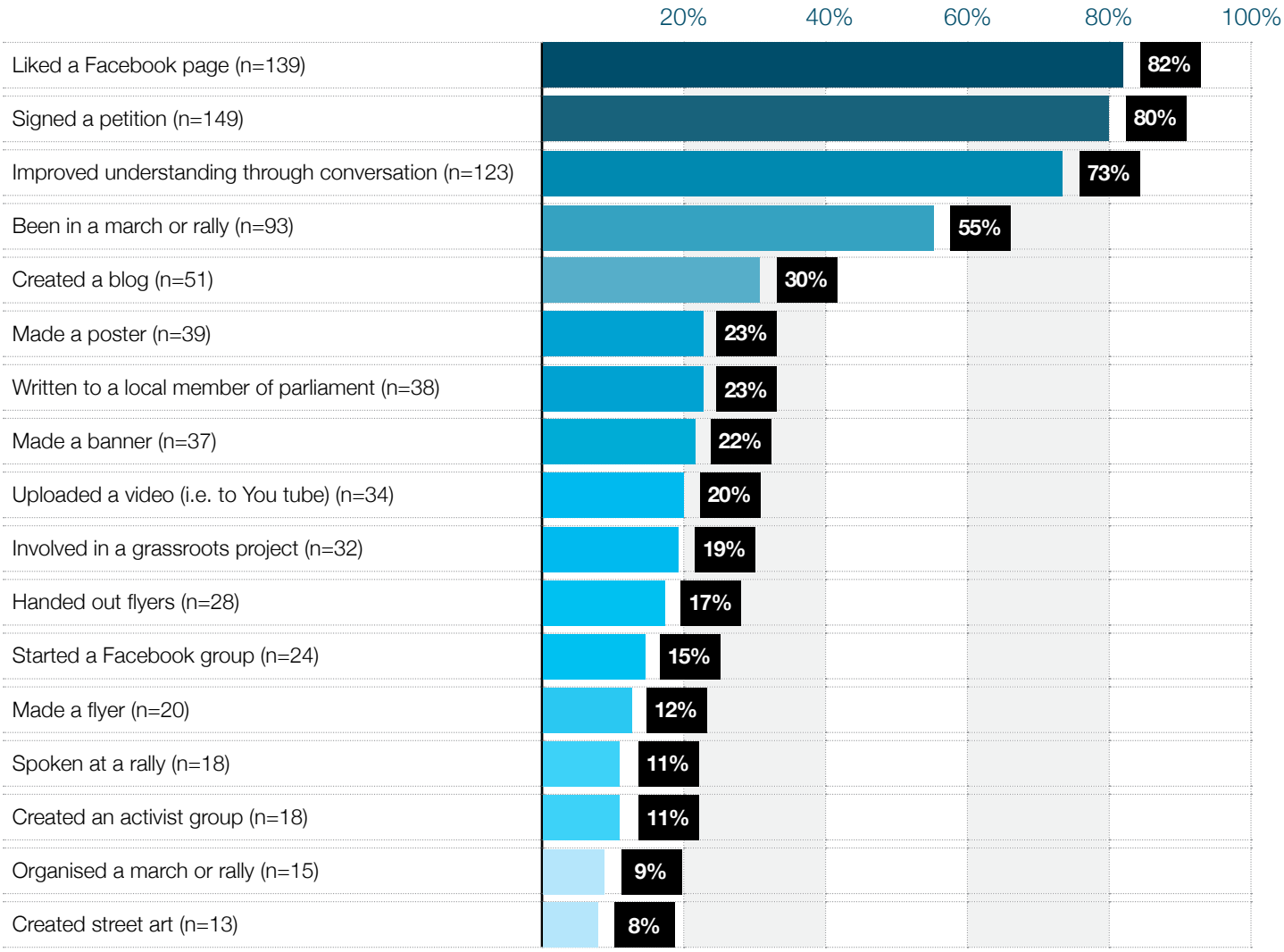
While some of the young people told us that activism helped them to feel a part of a community, other young people expressed discontentment and frustration in relation to a lack of understanding of gender diversity within the gay, lesbian and bisexual, or queer community.

> *I don't like being involved with the queer community. They're not really like me and they can be really stupid and insensitive sometimes. I just don't get along with them, and generally try to avoid them. Also rainbows are garish and childish (Boy/Man, 22yrs).*

> *I've started an arts group for transgender people, which was nice. I get involved in a lot of local stuff but only if it's specifically transgender related—I don't like general queer stuff because*

INVOLVEMENT IN ACTIVIST ACTIVITIES

RELATING TO GENDER DIVERSE, TRANS*, INTERSEX, OR GLBTIQ ISSUES



sometimes people are discriminatory or don't know what you're talking about. I only like doing stuff with exclusively other transgender people in terms of activism, because they know where I'm coming from and because it's like being surrounded by your kin or your community or something. I don't see the general gay & lesbian community as mine (genderqueer, 22yrs).

Sometimes activism had the negative effect of highlighting what still needs to be changed and the discrimination and injustices that still exist for the young people.

Activism—I'm part of a group drafting law reform on a number of matters to do with the LGBT community. It actually makes me feel worse because it means having the current legal status of that community thrown in my face on a day to day basis, and because even in the unlikely circumstance we manage to get the law changed, there's still a hell of a lot more that needs to be done (Boy/Man, 21yrs).

I find creating art/writing and participating in loud, angry, activism extremely cathartic in the

short term though slightly disheartening in the long term because I know I'm not being listened to by the people who need to hear most (Genderqueer, 23yrs).

Information sources

Marginalised individuals can often be disconnected from peer support and education relating to their particular needs. The Internet has helped to correct the invisibility and isolation that many groups feel, including groups of transgender and gender diverse young people. More than just a virtual space, the Internet is also a conduit for real-time and face-to-face support and connection in a world that can be hostile to young people who do not fit societal gender-norms. Along with the young people's use of the Internet as a source of information and connection, we were also interested in understanding where, what, and how young transgender and gender-diverse people gained information about the many aspects of gender identity. This information is useful for support groups, community services and others in increasing their reach to this population.

We provided the young people with a list of possible places that they could learn about gender(s), transgender and gender diverse issues and asked them to tell us how important these sources were for them. Almost all (98%, n=167) found websites important, with blogs (88%, n=147), YouTube (87%, n=145) and social media (83%, n=137) also important sources for many of the young people. Research as a source of information and knowledge was nominated by 91% (n=149) of the young people and was a surprising result; however, research may be their way of finding out about medical transition and medical technologies. One young man (21yrs) explained: "Research—I keep an eye on for technological medical advances in the field of surgery, given that I plan on having that when it is improved to an acceptable level". Furthermore, social research may be used for activist efforts with schools and governments by the young people, while research such as this study provides access to the voices of young people, allowing them to learn through hearing other people's stories and experiences.

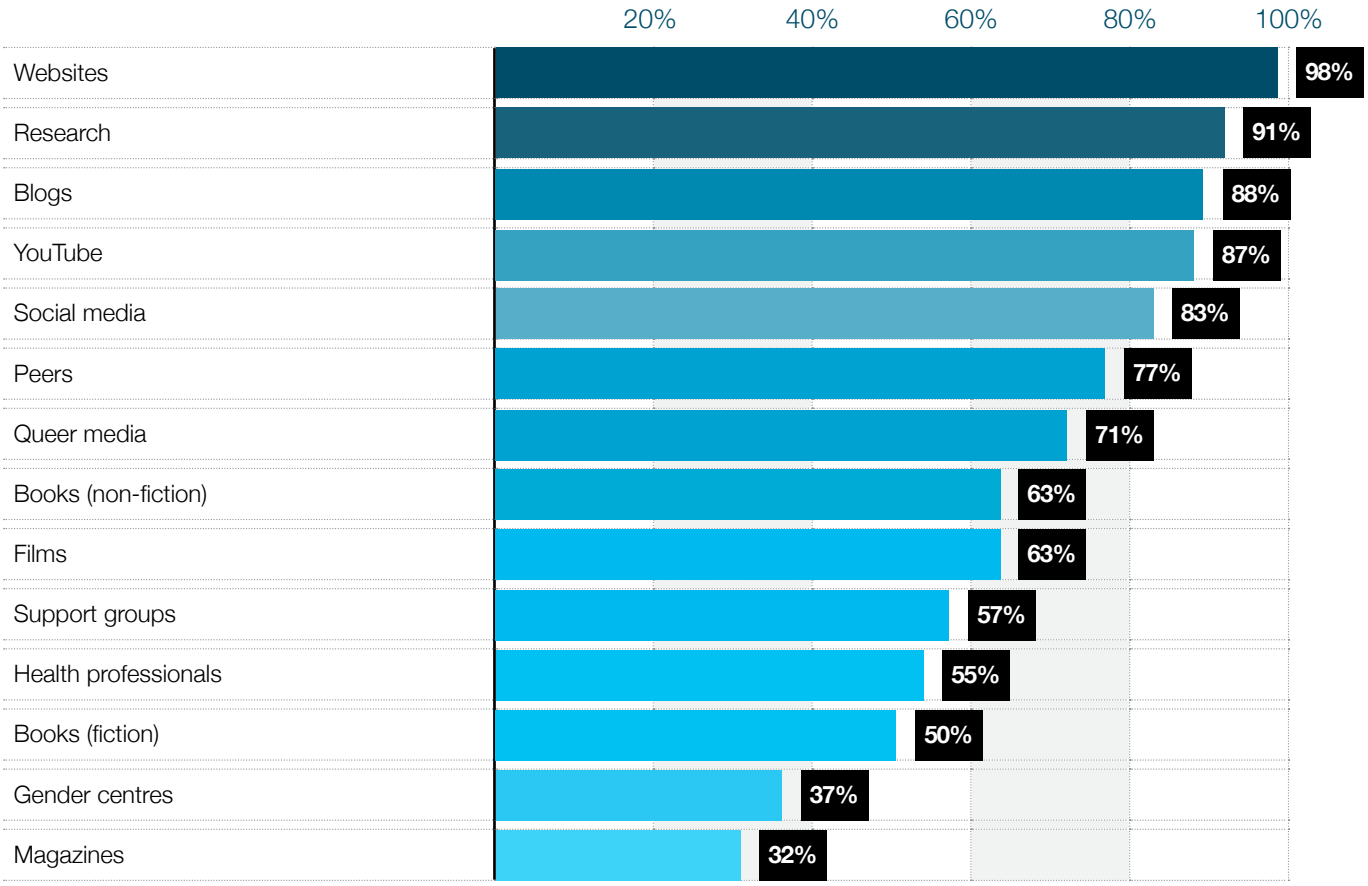
Seventy-seven per cent (n=124) of the young people found their peers to be a good source of information and also a support in knowing that they are not alone in many of their experiences. One young transwoman told us that: "websites and support groups have been good, but the major thing is other people in similar positions, it is really helpful hearing other people feeling similar". This MTF young person (24yrs) also felt that other people were a great source of information: "most of the advice I find most important comes directly from transgender and gender diverse people or from people that I am close to".

Other recent Australian research with same-sex attracted and gender diverse young people also found that, while the Internet was a great source of information and support, face-to-face support from peers was more effective in reducing feelings of isolation (Robinson et al., 2014). In this way, support for services that connect young people to each other and provide access to trained peer support for transgender and gender diverse young people needs to be fostered. While it is clear that the Internet plays a vital role in young people's access to information, face-to-face support and opportunities for friendship reduce the risk of isolation. The Internet does however offer an opportunity to be anonymous, and this can provide safety for some young people, such as for one agender/no gender young person (18yrs) who explained: "I just find [the] majority of my info and support online, just because it's easier, safer, and broader".

YouTube and Tumblr were both mentioned multiple times in the open-ended data. Tumblr (a social networking blog site) was mentioned as a place where transgender and gender diverse experiences, issues and solutions were shared; for example, one androgynous young person (17yrs) explained how Tumblr provided inspiration for learning more: "I joined Tumblr and due to many of the members' acceptance and knowledge of sexuality

SOURCES OF INFORMATION

PARTICIPANTS FOUND TO BE IMPORTANT



and gender I was inspired to begin researching and understanding". A genderqueer young person (22yrs) found that the blogs on Tumblr offered perspectives that were more diverse than the typical narrative presented in queer and mainstream media:

> *I pretty exclusively use Tumblr for info about and from the trans* community now. Mainstream & even queer media is dull because they just rehash the same info about trans* people and the same tired 'trans* narratives' over and over again. That media isn't for trans* people; it's for everyone else to learn about trans* people and it's boring. I seek out trans* bloggers for their perspectives and to continue to learn more about my community and about how it intersects with other communities.*

Over half (57%, n=95) of the young people who answered this question found support services to be important sources of information for them. There are many national and state-based support services and organisations available to gender diverse and transgender young people, and many of the participants explained how these are vital to their wellbeing. In response to a question asking them to name an organisation or support service that they found particularly helpful, 126 participants mentioned at least one, with many naming multiple organisations, support groups and online communities.

As mentioned in Chapter 2 of this report, the young people were mainly recruited through online and offline support groups and organisations. The fact that so many of the young people could name at least one

organisation may be representative of this recruitment bias. Organisations such as Ygender (n=21), Headspace (n=13) and The Freedom Centre (n=11) were mentioned multiple times along with other organisations such as The Gender Centre and Minus18. The Northside Clinic was the only health service mentioned and that was by five young people. Other organisations that the young people found helpful include Twenty Ten, ***beyondblue***, A Gender Agender and FTM Australia. Youth services and drop-in centres were useful for the young people as well as local community centres and LGBTIQ teen support groups. Other young people mentioned individual people such as their psychologist or a family member.

Supporting the finding detailed above, many of the participants reiterated the need for face-to-face contact, emphasising the role that these support services and online communities can play in fostering community that spreads into friendship and families-of-choice. One androgynous young person (17yrs) explained:

> *Minus18 events give me a sense of community, so do the friends I have made on tumblr (and often meet irl [in real life]). They also both give me friends which is another comfort in itself.*

Another young person (genderqueer, 23yrs) also mentioned how these services can reduce feelings of isolation: "Ygender, just because it exists and makes me feel less alone".

Services that offer immediate mental health support were also mentioned, not surprising given the high rates of mental health and self-harm behaviours experienced by these young people. One no gender/agender young person (16yrs) said, "Lifeline Chat service is great, but I wish it were 24 hours. Sometimes I really need to talk to someone who's trained". Institution-specific organisations, groups and services were also mentioned such as school counsellors, queer groups, and queer rooms on university campuses.

The variety of both online and offline groups and services mentioned by the young people points to the multi-levels of support that they require. Crisis lines, community-building events such as Minus18's events, inclusive health services where young people know they are welcome and safe, such as the Drummond Street Health Clinic in Victoria, and supportive individual psychologists were all nominated as particularly good and supportive when they worked well for the young person. Specific YouTube channels were mentioned along with Tumblr communities and websites that the young people found vital at different points (for example, Laura's Playground was mentioned as a particularly useful website by a few participants). For young people who lived in rural areas, community centres and support groups in their towns were important, along with the anonymity of online communities. One interview participant, Charlotte (transwoman, 21yrs), explained the effect on her on a personal level of engaging with gender diverse and transgender inclusive support services:

> *Yes, they've been immensely helpful, supportive and wonderful. They are the first people to address me as 'her' and 'she'. It was a surprise and initially the warmth, love and openness definitely had a profoundly euphoric effect on me.*

Casey

18 years old Girl / woman

I came to accept myself as a transgender woman through reading a lot of web sites and blogs, and watching a few youtube videos on the subject. This is where the majority of my education on the overall issues and theory of transgender people's existence came from.

The practical aspects of transition were explained to me mostly by the internet, but support groups and the people in them certainly helped me.

Health professionals knew less than I did by the time I got to them, but some of them were able to help with explaining the hoops I have to jump through to get HRT and surgery.

Ongoing battles for trans equality are important to me, even if I'm not being actively involved with them, which is where queer media come in.

Books are mostly unimportant to me, because there is so much amazing trans theory and other information online. Books are a setting where discussion and multiple voices are less viable and suitable than the internet. Having one voice privileged enough to get a book deal talk for a few hundred pages is less valuable than a few shorter articles by many different people from different backgrounds. There is such diversity in the trans community that it seems like listening to one person for an entire book is almost pointless. I've found that there aren't many (if any) concepts that truly require an entire book to comprehend. Worst of all, it seems that many books are just aggregations of trans theory from online. So, I'm comfortable ditching books for the most part.

Chapter 12: Conclusions and recommendations

Many gender diverse and transgender young people described their lives to us, explained what they would like them to be, and told us how they would like to live them, detailing steps that they are taking to do so; for example, through activism, peer-support, and knowledge sharing. The findings from their participation tell a story of a group of young people who often disrupt more generic understandings of "transgender" labels and gender-based notions of "sexual orientations". They came to these identity positions in different ways and at different points, and have thus far mainly privileged social methods of gender transition over medical ones. Their experiences were rarely reflected in the puberty and sexuality educations provided by schools, but were made qualitatively better by any structural and social supports from leadership and teachers that were in place. Too many had experienced verbal or physical abuse that was linked to suicide risk, depression and other conditions and with such vulnerabilities in play, negative experiences with health professionals were an unfortunate occurrence leading many young people to avoid health care professionals. Parental support was a protective factor for their wellbeing, as was a range of engagements with even the most basic forms of activism. These young people were not mere victims, but showed themselves as agents of change within themselves and other people. They had much to give both themselves and others through their work promoting non-discrimination and inclusion, whether they did so online or in-person, alone or in groups.

The following recommendations to governments, schools, support services and organisations, and health professionals are aimed at supporting and fostering the resilience and mental and general wellbeing of these young people by creating safe and inclusive environments that also facilitate the activism work that they are already undertaking and in which they aspire to further engage.

State and federal governments

- To implement federal sex and gender guidelines across all departments and all states and territories with adequate training for staff.
- To adopt the federal definition of gender identity across states and territories, for consistency.
- To create uniformity across states and territories in legislation relating to Birth Certificates and other legal documentation.
- To increase funding for vital resources and services for gender diverse and transgender young people.
- To provide consistent policy and guidance (that does not include any religious exemption) for schools across all sectors to support gender diverse and transgender students.

Mental health professionals and services

- To train both pre-service and in-service mental health professionals in gender diversity and transgender issues.
- To provide professional development training for mental health support staff (i.e. administrative staff) on inclusive practice for gender diverse and transgender individuals.
- To access information about specialist services for gender diverse and transgender mental health

care in order to make appropriate referrals when issues beyond their expertise arise.

- To promote transgender and gender diverse-friendly health services once health professionals and support staff are adequately trained.
- To address complaints about inappropriate behaviour towards transgender and gender diverse individuals in an appropriate and timely manner.
- To provide parents of gender diverse and transgender children with information regarding sources of information and support.

Support services

- To provide easily accessible support for transgender and gender diverse young people on multiple platforms, including face-to-face and online.
- To provide education and peer-led support for parents of gender diverse and transgender young people.
- To create spaces where young people can bring their voices to the community in a safe manner.
- To recognise the unique needs and challenges experienced by gender diverse and transgender young people, and acknowledge that these needs and challenges are different from those of cisgender lesbian, gay, and bisexual individuals.

Community health organisations and local councils

- To represent gender diversity positively in the public sphere through inclusive service promotional material.
- To promote the need for gender diversity training for staff members of local government-run facilities such as leisure centres.
- To contribute to community resilience by playing a part in information-sharing about local support services and appropriate referrals.
- To include gender diversity in all community inclusion or diversity plans and programs.
- To include gender diversity within new and existing violence against women initiatives as well as challenging rigid gender stereotypes.

Schools and education professionals

- To train teachers and school leadership, through adequately funded programs, in appropriate, supportive behaviour and language towards gender diverse and transgender students.
- To sensitively respond to students' needs for appropriate, private, and safe toilet facilities.
- To develop and promote school uniform policies that allow transgender and gender diverse young people to appropriately express their gender identity.
- To support gender diverse and transgender young people by providing access to wellbeing support staff, while also recognising that in some cases school chaplains may not be readily trusted by gender diverse and transgender young people.
- To provide inclusive sexuality education programs, combined with appropriate training for current staff to deliver such programs.
- To proactively provide support and policies on the understanding that there will always be gender diverse and transgender students, rather than waiting for these issues to arise.
- To create an environment where students feel safe to advocate for their own needs and rights at

school and within the broader community.

- To ensure that all counsellors and student wellbeing staff deliver confidential support for gender diverse and transgender students.

Further research

- To explore the experiences and needs of intersex young people in Australia.
- To explore the particular health needs of, and protective factors for, transgender and gender diverse young people who identify as pansexual, bisexual or queer.
- To identify the specific needs of, and protective factors for, gender diverse and transgender young people from culturally and linguistically diverse backgrounds.
- To identify the specific needs of, and protective factors for, gender diverse and transgender young people who live with a disability.
- To explore transgender and gender diverse young people's experiences with other health and welfare professionals such as social workers and employment officers in order to develop nuanced models of care.

General

- That the implementation of the above recommendations involves gender diverse and transgender organisations and individuals, with those involved being active participants who are offered remuneration.

EVERYONE SHOULD BE ABLE TO WEAR THE UNIFORM THAT MAKES THEM COMFORTABLE.
NO ONE SHOULD BE MADE TO FEEL UNEASY, ESPECIALLY WHEN THEY'RE AT SCHOOL.
GENDER IS NOT UNIFORM
WE SUPPORT GENDER DIVERSE AND TRANSGENDER STUDENTS IN OUR SCHOOL. TRANSPHOBIA WILL NOT BE TOLERATED
Safe Schools Coalition Victoria
Ygender
MINUS18

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